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To: See the distribution list at the bottom of this message

cc:

Subject: Children's Health Behavior Research Initiative DRAFT for review

Colleagues:

Attached (in Word) is the most recent draft of the Children's Health Behavior Research Initiative (which I've referred to fondly in the draft as "CHBRI") proposal for FY01. It represents input from a number of agency representatives and recasts the basic research in youth violence in a way we hope reflects the emerging consensus of the group on this point. One outstanding issue in this section is how the media piece fits back in; NSF, NIMH and others who are involved--please suggest how to do so. Also, I would suggest that CDC and others polish the surveillance portions in both content areas to better show how interagency collaboration will improve the efforts over and above what one agency could do alone. Lastly, there do remain a few holes to fill, most notably budget figures and the list of participating agencies, both in the appendices. Please attend to them.

I know I sound like a broken record, but time really is short. Let's shoot to have the proposal finalized by Friday, December 3rd. Thus, please carefully review the attached document and send your comments to me and to Duane by Wednesday, December 1st. If there still remain significant substantive differences of agreement, we will have to arrange small group meetings in very short order to hash them out for finalization. Also, once the draft is agreed upon, I'll put together a short (1-2 page) summary document that I'll send around for review.

There have been a number of new names added to this distribution list in the last few days, and I did do my best to incorporate everyone. Please do check that I've accomplished that and forward this on to folks I may have inadvertently missed, with a cc: to me so that I may add them to the permanent list (Lloyd Kolbe--I do not have Lloyd Potter's email address; please forward). Also, if you see folks on the list who you know are no longer part of this group, that information would also be helpful.

My most sincere thanks for a Herculean effort on the part of many of you to get this draft to where it is now. And all the best wishes for a safe and happy holiday.

Regards,
Lisa



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A PROPOSAL OF THE CHILDREN'S HEALTH BEHAVIOR RESEARCH INITIATIVE

CHILDREN'S INITIATIVE INTERAGENCY WORKING GROUP NATIONAL SCIENCE AND TECHNOLOGY COUNCIL COMMITTEE ON SCIENCE

The National Science and Technology Council (NSTC) was established by President Clinton in 1993 to coordinate research and development programs across the federal government. In 1997, the NSTC published the report *Investing in Our Future: A National Research Initiative For America's Children in the 21st Century*. This report analyzed the federal investment in research focused on the biological, cognitive, and social development of America's children, and found that only an estimated 3% of the total federal research enterprise was aimed at understanding the growth and development of 30% of our population. In making the case that this level of investment was highly inadequate, the report authors outlined three content areas in which a substantial federal research effort could be most useful in promoting the healthy development of America's children for the 21st century: health and behavior; children and environmental hazards; and learning. As the latter two areas are the focus of other interagency efforts in the federal government, an interagency working group (IWG) of the Children's Health Behavior Research Initiative (CHBRI) was formed to critically examine the current federal R&D portfolio in this area, to explore ways to expand this knowledge base, and to better link existing knowledge to policymaking (see Appendix B for participating agencies).

This proposal represents the first installment of a planned five-year effort by the CHBRI to promote the application of sound scientific knowledge about youth behaviors to both prevention efforts aimed at harmful behaviors as well as promotion efforts aimed at healthy behaviors. New and improved knowledge generated by such research efforts will help identify ways to improve the future of our children and provide sound guidance for policymaking to ensure that efforts to help are likely to succeed.

I. INTRODUCTION

During the twentieth century, there has been a marked decline in infectious diseases as causes of death and disability in childhood and adulthood. These diseases have largely been replaced by chronic conditions (heart disease, cancer, diabetes, stroke, chronic lung disease, osteoporosis), injuries, and violence. In contrast to death and disability arising from nature and the

environment, today's killers and disablers most often arise as consequences of behaviors such as smoking, alcohol and drug abuse, poor diets, inadequate physical activity, violence, and injuries. Most of these health behaviors have their origins in childhood. To have maximum impact on reducing the burden of illness in adults and prolonging healthy life, emphasis must be placed on research that helps us to successfully promote the development of healthy behaviors and avoidance of unhealthy behaviors during childhood.

All of these and other health behaviors are deserving of attention. Appropriately, cigarette smoking is already the focus of extensive research activity. Other behaviors receive only slight attention, especially in relation to their importance. Among these, the CHBRI has chosen to focus initially on inappropriate nutrition and lack of exercise, as contributors to obesity and calcium-deficiency osteoporosis, and on childhood violence, as a pervasive social concern. The proposed initiatives cut across multiple agencies and will be conducted as jointly planned and funded activities. They build on a small base of existing programs and represent surveillance, basic and applied research with controlled intervention studies, and an emphasis on interdisciplinary approaches. Together they represent a significant investment in learning how to shape health behaviors effectively to reduce the likelihood of developing debilitating diseases and premature death, with substantial savings in costs of health care and disability payments.

This initiative has been developed with the full recognition that agencies have proposed core budgets for 2001 that are the primary building blocks for research in the area of children, youth, mental health, and violence prevention and intervention. This proposal builds on these research agendas and should be funded only after the Federal agency budgets in these areas for 2001 have been met.

II. PREVENTION OF OBESITY AND CALCIUM-DEFICIENCY OSTEOPOROSIS

A. BACKGROUND

Among the health problems that result from childhood risk behaviors, some of the most prevalent are obesity and osteoporosis, the results of excessive caloric intake in relation to energy expenditure, and of deficient calcium intake in childhood, respectively. Obesity has steadily increased in children in the last 30 years, reaching epidemic proportions. It has increased to about 10-15 percent of children and adolescents depending on age, gender, and ethnicity, and has almost doubled in the past two decades. Obese children are likely to become obese adults, with increased risk for diabetes and cardiovascular disease. Studies show a direct relationship between body weight and the future development of Type 2 diabetes in adulthood. Recently, among children ages 10 to 19, Type 2 diabetes has increased; nearly all of these documented cases have occurred in obese children. The seriousness of the problem of obesity is indicated by the major attention given to it in the Surgeon General's Health Goals for the Nation for 2010.

Calcium deficiency is the largest and most serious deficiency in the American diet [CDC: not true?], and is worst among adolescents. Six in ten teen boys and eight in ten teen girls are deficient in calcium intake, a deficiency that cannot be made up later in life because essentially all the calcium that will ever be in bones is present by age 20. Thus, childhood intake is essential to prevent later development of osteoporosis, which affects over 25 million Americans and is a leading cause of disability and death.

The origins of these problems are many-faceted and will be complex to solve, but their seriousness and extent demand that efforts be initiated to focus on the onset of risk behaviors during early childhood. These efforts need to be integrated and must address both children and families.

B. RESEARCH OPPORTUNITIES

Building on existing and planned research, this proposal identifies significant interagency opportunities for new work to develop and evaluate comprehensive, integrated school health program interventions.

Each generation of Americans attends school for 13 of the most formative years of their lives. Accordingly, the CHBRI proposal focuses on elementary school children and the transition to middle school (a time when positive behaviors of diet and exercise are often lost), and will examine integrating classroom education in health and nutrition, physical education, the school lunch program, and efforts of school parent-teacher associations, in a cooperative research and demonstration effort led by health and behavioral scientists and educators based in academic institutions.

Research efforts conducted in these settings will be designed to develop and test model programs for dissemination by 16 state education agencies and more than 30 national non-governmental organizations already supported by CDC to implement coordinated school health programs. The current proposal by the CHBRI will directly contribute to these efforts by providing scientifically tested, model interventions for wide dissemination through the coordinated school health program supported by CDC.

To initiate this effort, the CHBRI (specifically, DHHS [NIH/NICHD, CDC], USDA, and ED) will solicit multi-disciplinary applications from academic institutions and nutrition research programs for the purpose of improving and maintaining nutrition and physical activity in elementary and middle school students. The solicitation will seek applicants from both rural and urban settings that serve diverse populations, and will require applicants to have expertise in school health education, exercise science, nutrition, psychology/behavioral science, evaluation research, and epidemiology (at a minimum), include a school district partner, and address the following:.

- Development, testing, and controlled evaluation of a component of an age-appropriate school health education curriculum focused on nutrition with emphasis on healthy dietary selections to achieve adequate calcium intake, appropriate fat intake, and caloric intake proportionate to energy expenditures. The proposed curriculum could either be “stand-alone” or integrated into core subject curriculum in mathematics, science, and history and could also include social skills development. Non-curricular approaches that meet the same objective are also possible;
- Integration of this curriculum with the school lunch, and, when available, breakfast or after-school program of the cafeteria, using it to demonstrate and reinforce classroom activities;
- Integration of this curriculum with the physical education program of the school, emphasizing age-appropriate exercise of many types;
- Integration of the curriculum with parents, through the parent-teacher association or otherwise, engaging them in preparation and presentation of the curriculum in the classroom, involving them in the school lunch program, and extending both to families to incorporate nutrition concepts into lunches brought from home as well as other meals provided at home, along with the physical exercise component;
- Extension or reinforcement of the basic concepts of this program during the transition to middle school; and
- Experimental evaluation of the impact and outcome of the intervention, including pre-intervention baseline data on the target schools and populations, as well as control schools.

This research will be conducted as much as possible in naturally occurring environments so that the results can be appropriately and rapidly applied by schools across the nation to replicate those interventions found to be effective. Thus researchers will conduct and evaluate school-based intervention projects to determine the effectiveness of various interventions; conduct cost-effectiveness studies of physical activity and nutrition interventions using econometric methods, and quickly disseminate best practices to education and health policy makers.

The bulk of the current research portfolio in calcium deficiency and osteoporosis prevention resides in NIH, which currently spends \$145 million in obesity and \$139 million in osteoporosis; only small portions of these funds are directed towards children or for intervention studies to identify promising prevention approaches. USDA funds three child nutrition research centers that total approximately \$18 million; these centers similarly do not focus on intervention research of the type proposed here. The other major federal player in this area is CDC, which invests roughly \$10 million for states to develop school health programs. Demonstrations of promising approaches of the kind proposed here are sorely lacking.

C. SURVEILLANCE

Public health surveillance is a cornerstone of public health decision making and practice. Surveillance provides information crucial to monitoring the health of the public, identifying public health problems and priorities, taking public health action to prevent further illness, and evaluating the effectiveness of disease prevention efforts at the national, state, and local levels. Improvements in surveillance of childhood obesity and calcium-deficiency would be led by the CDC and entail two strategies: a national fitness survey of children and youth, and an expansion of the Youth Risk Behavior Surveillance System (YRBSS). These surveys are augmented in the nutrition area by the USDA's Continuing Surveys of Food Intake by Individuals (CSFII), which provide the basic knowledge on child nutrition and dietary content of children. The next survey will be done in FY 2001 in conjunction with the CDC/NCHS NHANES [spell out] survey.

The primary surveillance component of this initiative on obesity and calcium-deficiency osteoporosis will be The National Children and Youth Fitness Study III. More than 12 years have elapsed since the last National Children and Youth Fitness Study (NCYFS) was conducted. As a result, we have no current data on the physical activity and fitness levels of youth nationwide. With the striking decline in school physical education programs and the increasing levels of overweight, fitness levels among youth may be deteriorating without our knowledge. Such deterioration would have significant implications for the long term health of Americans. NCYFS I (1985) and II (1987) provide a baseline for fitness and activity levels for youth ages 10-18 and ages 6-10 respectively. Over a decade later, NCYFS III will enable us to assess the fitness, physical activity patterns, skills, and related knowledge of youth ages 5-18 with special attention to issues of gender, racial, and ethnic disparities. Further, NCYFS III will examine the determinants of physical fitness and physical activity to help guide the development of policies and programs to increase physical fitness among all youth. The active collaboration of agencies involved in the Interagency Working Group on the Children's Initiative will ensure that NCYFS III findings are fully applied to enhancing the fitness and well-being of our nation's youth, and provide a national baseline for comparison for the intervention research studies proposed above.

The second surveillance component of this initiative is the Youth Risk Behavior Surveillance System (YRBSS). This existing survey will be expanded to obtain new data about youth patterns of dietary behaviors and physical activity that provide valuable insight to guide state or local programs. Increased funding will be made available to support additional states that choose to conduct the state-based Youth Risk Behavior Survey (YRBS). The YRBS was developed by CDC in collaboration with Federal, state, and private-sector partners. It is a voluntary, school-based survey that includes a national sample and surveys collected by state and local education agencies. The CDC conducts national surveys every two years to produce data representative of students in grades 9-12 in both public and private schools.

Nearly all of the current surveillance activity is supported by

the CDC, which supports several national and state-based surveillance systems that include some measures of physical activity and dietary habits and policies to promote them. While data are collected about the numbers of deaths, the rate of obesity, and the food products chosen, current surveillance is limited to measuring the behaviors or motivations that underlie morbidity and mortality especially among young people, suggesting a need for improving the quality of such data collections.

III. PREVENTION OF CHILDHOOD VIOLENCE

A. BACKGROUND

In the past four years, the U.S. has seen a significant decline in youth violence rates. From 1993 to 1997, violence by juveniles decreased by 33%. Indeed, violent juvenile crime is at its lowest level since 1988. Juvenile arrests for serious and violent crimes fell nearly 11% from 1997 to 1998. However, while this is cause for optimism, the recent tragedies of school-based violence remind us that we cannot become complacent in our attempts to understand and prevent violence and to promote children's personal and social competence. Furthermore, overall rates of violence are still unacceptably high. Homicide is the second leading cause of death for persons 15-24 years of age, and is the leading cause of death for African-American youths in this age-group. On average, 14 young people are the victims of homicide each day in the United States.

More than a generation of research has shown that violent outcomes for children, families and communities are often the result of complex risk processes. Antisocial behaviors of children and adolescents at highest risk arise from the interaction of multiple environmental and individual antecedents that may begin early in the child's life. Included in these antecedents are: stressful family environments; inappropriate parenting; alienation between family and school and other community institutions; individual characteristics of the child; and community characteristics (e.g. neighborhood disorganization, lack of resources, dangerous physical environments).

The development of aggressive and violent behavior is best understood as a dynamic interaction between child predispositions and various contextual influences on children's lives (family, peer, and school/community) that changes over development.

During pre-school, factors within the family are most salient. Already, patterns of ineffective parental engagement, harsh discipline, and coercive control can be detected. Moving into elementary school, children from such family environments are less skilled in dealing with peers and are more likely to act aggressively and inappropriately. Early aggression in turn predicts early peer rejection. These early family and peer interactions become an important context in which children develop social expectations about others. Elementary school-aged children who are more aggressive and rejected by their peers are more likely to develop hostile attributional biases where the behavior and overtures of others are more readily interpreted as being hostile. Such interpretations provide a reason and rationale for continuing to behave aggressively.

The intensity and seriousness of antisocial behavior, however, noticeably escalates with the transition to middle and high school. And, it is at this point in development where association with deviant peers becomes a key risk factor. Most of the deviant behaviors of adolescents - including violent acts - occur in deviant peer groups. Some of the most powerful evidence about the enhancement of delinquency by peers comes from failed interventions that involved grouping together high-risk youth. Interventions that group high-risk youth, even in the presence of therapeutic intervention, have been shown to result in increasing delinquent behavior. In contrast, research on therapeutic foster homes, which involve definitive changes in parenting and strict enforcement of no contact with deviant peers shows that these interventions result in decreased delinquency.

Although research has provided an important body of knowledge on risk and protective factors and some of the processes that lead to prosocial or antisocial behaviors, many important questions have not been answered. With the attention that has been galvanized by the recent tragedies of school-based violence, this is a critical juncture to undertake new research that complements and builds on the unique expertise and historical leadership of each of the agencies. It is also a critical time to undertake coordinated activities which will enhance the research infrastructure and promote collaboration.

The ideas presented in this research initiative are the result of groundwork on school violence prevention that has been developed by the Departments of Education, Health and Human Services, and Justice and the National Science Foundation. This research initiative expands, in a logical way, the work done to date in violence prevention including the development and implementation of the Safe Schools/Healthy Students Initiative, the Strategic Planning Meeting on School Safety, as well as the extensive work each department has done in developing research agendas for their FY2000 and FY2001 budgets. This proposal builds on these agendas. It draws on existing knowledge about the complexities of the causes of violent behavior by young people

and about potential solutions through health promotion, prevention, and intervention. In particular, the proposal seeks to support the type of work that single departments have not done well on their own. In so doing, it hopes to make a contribution to the content of the federal research agenda and also to its efficacy.

B. RESEARCH OPPORTUNITIES

Building on existing and planned research, this proposal identifies significant interagency opportunities for new work to:

- Create community science partnerships which build on the Safe Schools/Healthy Students interagency initiative; and
- Enhance basic and applied research to conduct multi-level studies using interdisciplinary approaches and to increase the capacity for research, dissemination, and utilization.

1. Building on Safe Schools/Healthy Students to Create Community Science Partnerships

Launched in FY 1999, Safe Schools/Healthy Students (SS/HS) is a significant new partnership on the part of the U.S. Departments of Education (ED), Justice (DOJ) and Health and Human Services (DHHS). Safe Schools/Healthy Students is based on current research evidence that suggests that a comprehensive, integrated strategy can be highly effective in providing a safe school and community environment in which children, youth, and their families can develop the skills, social relationships, and emotional resilience for positive health and mental health, and prevent violent behavior and alcohol and other drug abuse. Over the course of numerous planning sessions for SS/HS, representatives from several agencies within the three Departments presented various perspectives on how best to address the issue of improving school safety and promoting healthy child and youth development in the family and school context. A six-pronged strategy for the SS/HS program was developed to address the following elements through grants to communities:

- A safe school environment;
- Alcohol and other drug and violence prevention and early intervention programs;
- School and community mental health preventive and treatment intervention services;
- Early childhood social and emotional development programs;
- School reform; and
- Safe school policies.

In September 1999, the President announced the award of \$100 million dollars worth of grants to 54 communities. In addition to the program dollars, participating agencies set aside a modest sum in support of a national evaluation. As currently funded, the evaluation will provide limited information on the effects and cost-benefits of SS/HS strategies in reducing violent outcomes and maintaining safe and healthy environments for high risk children, youth, and families. From the

outset, those connected to SS/HS saw the potential for an even broader set of evaluation and research activities. In April of 1999, the partnership convened a meeting of prominent researchers to discuss related research questions for future exploration. The participating agencies have been able to address these related research questions in their individual agency FY2001 research agendas to a limited degree, but did not collaborate to create a common research strategy across the federal government.

With additional support provided directly to research partnerships within selected SS/HS communities, funded SS/HS communities can be sources of valuable information of national importance. Research conducted in carefully defined communities, as demonstrated by the landmark Framingham Heart Study, the Bogalusa Heart Study, and similar achievements, can benefit all Americans. A singular advantage is the representativeness of the populations collaborating in the research effort, and, consequently, the generalizability of the scientific findings that emerge from such research. The SS/HS program infrastructure can provide a rare opportunity for SS/HS communities, in partnership with researchers at local universities, to address research issues in a highly rigorous manner that cannot now be addressed with the current resources for local SS/HS evaluation. In turn, investigators can address a variety of basic behavioral and applied research questions in the context of community collaboration. The scope of these research efforts by communities will depend both on resources available and on available research capacity such as a local university or other research partner.

The creation of community science partnerships would allow the agencies to:

- Capitalize on the infrastructure to be established by the SS/HS National Evaluation to create or enhance carefully defined data and research resources at each site.
- Provide support for investigator-initiated and/or community-initiated research that addresses scientific questions arising within the SS/HS initiative (e.g., in-depth data collection on risk and protective processes in high risk groups, economic analyses, controlled comparisons of preventive interventions, etc.).
- Build research capacity to allow for intensive evaluations of specific program components and combinations of components that have not been tested previously.

Examples of research issues that could be addressed by the community science partnerships include:

School/Community Nexus

- Schools as an agent of change in communities—examining the process of how prevention

strategies implemented by schools influence the community to adopt violence prevention as an overarching goal.

- Community readiness for collaboration; mechanisms of community organization and collaboration as they pertain to violence.
- Mechanisms of interaction between neighborhood/community level risk and protective processes and individual characteristics.
- Impact of integrated, comprehensive strategies on community capacity and infrastructure.
- Short and long-term economic impact of integrated services; cost effectiveness of comprehensive strategies.
- Modeling of decision making processes by schools to address school violence.
- Examination of what strategies or mix of strategies are most effective in reducing school violence; which programs are best blended to form a coherent and effective strategy; what patterns of staffing and interdisciplinary training are needed to achieve outcomes.
- Examination of a range of alternative education strategies to determine what is effective; impact of school reform measures on school violence; effect of zero tolerance policies on school violence; role and impact of school resource officers on school and community violence.

Outcomes and Interventions

- Design enhancements to permit the assessment of planned variations in preventive or therapeutic interventions or more rigorous evaluation (e.g., sentinel sites).
- Examination of multiple outcomes from specific risk processes and from clusters of risk factors.
- Development and testing of innovative preventive and therapeutic interventions within a defined, representative population.
- Tests of effectiveness of intensive interventions embedded in universal programs.
- Mechanisms of fidelity of implementation of evidence-based, preventive and therapeutic interventions in diverse service delivery settings.
- Examinations of differential impact of integrated services on individuals by gender, race/ethnicity, age, and variation in family characteristics including multiple family risks.

- Detailed examination of impact of integrated services on highest risk families.

2. Enhancing Applied and Basic Research

The federal government, most notably the NIH, NSF, and DOJ, has a long history of studying the factors that underlie violent behavior in youth. Longitudinal and experimental risk factor research has yielded tremendously valuable information documenting that early antisocial behavior is a powerful predictor of later adjustment problems. These studies have identified developmental models and major correlates that predict conduct disorder, substance abuse, and high-risk sexual behavior among children and adolescents. These data suggest two pathways for developing antisocial behavior problems: a) an early starter model where children show excessive and situationally pervasive aggressive behavior in pre-school, elementary, middle- and high-school; and b) a late starter model where children do not show excessive disruptive behavior in preschool and elementary school, but show highly delinquent behavior in adolescence. Much of the research to date has focused on identifying potent and malleable risk factors relevant to children in the early starter model.

This research provides clear evidence that early antisocial behavior predicts a constellation of negative outcomes that can continue into adulthood, including social isolation, criminal behavior and violence, substance abuse, high-risk sexual behavior, early parenthood, family conflict, depression, relationship failure, low achievement in education, and unstable work history. Moreover, this research has identified potent and malleable risk factors and processes that have been targeted for early intervention.

In October of this year, the NIH convened a panel of senior researchers to discuss the status of intervention research to prevent and reduce youth violence. A component of this meeting involved examining the current NIH portfolio of research on youth violence. This process confirmed that several institutes (notably the NIMH, NICHD, NIDA, and NIAAA) have a substantial investment in on-going research on specific mechanisms and processes that underlie the development of externalizing behavior problems and conduct disorder.

Furthermore, very promising research is underway examining how child, family, school/community, and peer factors interact, and which are the most appropriate targets for prevention and early intervention in different settings. The ability to capitalize on data that indicate which combinations and at what points in development they are of greatest concern should be the focus of interagency initiatives for determining when, how intensely, and how long to intervene.

The following activities both reaffirm the federal investment in research concerning violence and reflect recent recommendations of scientific advisors to NIH in support of research on violence, particularly in the area of youth violence. They also reflect general agreement among all participating agencies about gaps in the research that would be well addressed by interagency collaboration through joint funding activities and investment in cross-cutting areas of research and

evaluation.

The proposed areas focus on studies of multi-level processes that require multi-disciplinary approaches, and on strengthening the capacity for multi-disciplinary research, dissemination, and utilization. Further development of these ideas/efforts will be coordinated by an interagency working group (see Initiative Management) with the research itself carried out under the leadership of the appropriate agencies. The ideas proposed would be sharpened and focused through discussions of the interagency working group during FY 2000 for solicitation and funding in FY 2001.

a. Studies of Multi-Level Processes

Integrated studies (NICHD, NIMH): Despite the research on risk factors for and individual differences in aggressive and violent behavior, little is known about the specific mechanisms that underlie violent behavior in childhood and adolescence. Specifically, although there is a substantial knowledge base regarding specific risk factors for violence, little research has addressed the multilevel processes involved in understanding pathways to violent behavior. Moreover, although in recent years several promising interventions have been suggested, more research is needed to establish the effectiveness of different prevention and intervention efforts.

In this component of the initiative, research grant applications will be solicited for basic research specifically designed to add to scientific understanding of violent behavior and events among children, with an emphasis on *integrated* studies of the social, psychological, neurobiologic, and situational causes of violence, and research which contributes to our understanding of *mechanisms/processes* at the individual, group, and community levels. A particular focus of this initiative will be on mechanisms and processes of change with respect to the development of aggressive and violent behavior over time, how risk and protective factors change with development, and how neighborhood/community risk and protective processes interact with individual characteristics in predicting aggressive and violent behavior at different stages of the life span. Particular areas of research that will be expanded include the following:

- The role of early emotional development (e.g., the development of shame, empathy, and strategies of emotion/affect regulation) and language development in the development of aggressive and prosocial behavior, and research on the interactions between social, emotional, and cognitive developmental processes in increasing or decreasing the risk for aggressive and violent behavior;
- Changes in parenting as a function of age of the child and related psychosocial tasks the child is confronting, including research on the developmental course of parent-child interactions and on the way that deviations in parenting interact with the changing needs of the child in predicting child behavior problems and aggression;
- Proximal processes leading to aggression, including research which focuses on day to day or

weekly interactions in school/family settings which promote both antisocial and prosocial behavior;

- Mechanisms/processes of change with respect to prevention and intervention efforts, including research on how organization membership (Scouts, 4-H, etc.) or interventions might change socio-emotional as well as cognitive responses to violence and/or stress; and
- Definition and measurement issues with respect to aggression and violence including the development of new measures that are appropriate for children of different ages.

Community Trials (NIMH): A senior multi-disciplinary advisory panel on prevention of comorbid behavioral problems will be convened during FY 2000 to guide the design of a multi-level community based trial to reduce violence in children and adolescents. This group will be charged with reviewing relevant scientific findings regarding potential interventions and identifying compelling hypotheses and approaches to be tested in a community intervention.

This inter-agency initiative will develop and conduct a multi-year community and individual-level intervention trial involving a number of medium-sized communities beginning in FY 2001. In a lagged baseline study, one group of communities initially will be randomized to receive a comprehensive combination of individual and community-level interventions and the others will serve as controls. After 2 years of data collection, the intervention will be implemented in the five control cities. At baseline, multiple indicators of interpersonal violence and antisocial behavior will be collected from diverse sources (e.g., school reports, police reports, hospital data, social welfare reports of family neglect and abuse, and surveys of people's perception of safety). It may be possible to involve communities that were identified through the SS/HS initiative that are poised to participate in such a study.

The core aim of the intervention trial will be to impact community norms and to coalesce and mobilize supports to enhance community efficacy in preventing violence, utilizing both targeted individual interventions and broad public health oriented strategies.

This interagency activity will require efforts on behalf of various partner agencies in order to encourage participation of and gain access to communities, establish and maintain adequate surveillance for baseline and outcome assessments, evaluate program implementation, and explore a range of research questions, not unlike those to be explored in prevention programs being implemented primarily in school settings under the SS/HS projects.

Formation of Violent Behavior Patterns (NSF): Why do some children become prone to violent behavior or victimization, while others apparently do not? Key issues are the cognitive and social processes related to the emergence of violent behavior beginning in early childhood up

through adolescence, including how brain development contributes to when and how violent tendencies grow and how children gain the ability to think morally and negotiate disputes rather than resort to violence. Mammals have the potential for complex aggressive behavior, and biological research on animals can identify fundamental principles in the neurobiology of fear and aggression, and the influence of hormones on aggressive behavior. However, a large gap exists in research linking biological processes with human aggressive and violent behavior. Psychological and anthropological research will be solicited to contribute to our understanding of how children's behavior is shaped by peer relations, family interactions, social identities, and community characteristics in a complex, dynamic system of factors.

Social Inhibition and Stimulation of Violence (NSF): A related question is why some communities, institutions, families, and friendship networks show a much greater propensity for violence than others. The answer must lie in their differing social, cultural and economic conditions, but past research provides hardly more than suggestions. Research solicited as part of this initiative will address the socio-economic factors that contribute to prevalence of violence within schools, and how norms arise and control behavior in the dynamic networks of relationships between students. Geographical effects will be studied, such as the relationship of family moves and lack of residential stability in development of violence. Reliable knowledge is needed about how decision processes affect risky behaviors, about the variations in the kinds and amount of child-related violence in different communities, and about the dynamic process through which institutions find a balance between security and liberty. Dramatic changes are occurring in the American juvenile justice system, which seems to be moving away from a social welfare approach, and they need to be studied to determine whether they are in fact reducing or aggravating the problems. Scientific progress in all these areas can be accelerated by international comparisons of cultural, ethical, legal and organizational factors, facilitated by collaborations between U.S. and foreign researchers.

b. Strengthening Capacity for Research, Dissemination, and Utilization

Agencies will identify opportunities to strengthen research capacity by expanding on existing or planned studies, such as the Early Childhood Longitudinal Birth Cohort Study. Potential mechanisms include adding additional waves of data collection to large-scale longitudinal studies, and evaluations to obtain data on longer-term processes and outcomes. Other possibilities include embedding studies or adding levels of analysis to larger representative studies (e.g., intervention components and cost effectiveness data, richer individual assessments and observations, or data on biological or community level processes). Beyond these possibilities, agencies identified a critical need to improve the capacity to support multi-disciplinary research and training.

Capacity Building for Multi-Disciplinary Research - Centers, Consortia, Networks (NIH, NSF):

Rapid progress in understanding youth violence requires multi-disciplinary teams and networks of

scientists who contribute distinctive methodological expertise and analytical skills to research collaborations. Currently, the majority of research focused on children and violence is conducted through small projects involving one or two investigators. In order to accelerate the process by which we learn more about the causes and prevention of violence, some larger projects must be funded within a distributed portfolio of activities. These should include multi-disciplinary and longitudinal research efforts. Bridging the gaps between disciplines requires bringing together top scientists in several fields to work closely on major projects, so a vital part of the investment will be centers integrating scientific research with education to produce the next generation of scientists. Establishing such Centers by a competitive process will be a component of this initiative.

Agencies have experience with a range of capacity building mechanisms including a variety of models for centers, consortia, and networks. For example, the NSF-funded National Consortium on Violence Research is one model that future centers can emulate. Other such centers might focus on family social dynamics including the effects of family violence, on assembling a national database on the functioning of juvenile courts, and on field observations of behavior in schools and communities. NIMH and NICHD also have models of networks and centers, including preventive research centers, which have been productive in bringing multi-disciplinary expertise to bear on public health issues.

Agencies have experience with a range of capacity building mechanisms including a variety of models for centers, consortia, and networks. For example, the NSF-funded National Consortium on Violence Research is one model that future centers can emulate. Other such centers might focus on family social dynamics including the effects of family violence, on assembling a national database on the functioning of juvenile courts, and on field observations of behavior in schools and communities. NIMH and NICHD also have models of networks and centers, including preventive research centers, which have been productive in bringing multi-disciplinary expertise to bear on public health issues.

Translation and Dissemination of Research Findings and Best Practice Information (NIH, CDC, NSF): Translation and dissemination of research and best practice information is another component of this initiative. In carrying this out, for example, NIMH would coordinate with various cooperating agencies to disseminate research findings so that approaches to the provision of services, including preventive interventions, are informed by scientific inquiry in this area. This process will involve a combination of activities to equip services providers with the most current information on the delivery of cost-effective interventions. This work will build on an on-going assessment activity known as "Taking Stock," in which NIMH staff have collaborated with invited research specialists to examine the current state of research knowledge about how diverse risk factors affect the onset, course, maintenance, and developmental pathways into and out of conduct disorder, aggression, and antisocial behavior. As a second example, NSF would develop an Internet-based system for broad dissemination of research results. Such a system would be

extremely valuable for development, integration, publication and dissemination of accurate data and indicators, for example of child well-being, of safety and security, and of trends.

C. SURVEILLANCE

In the past, the nation's ability to describe and monitor violence among youth has been extremely limited because of gaps in State and local information on violence; the lack of resources to monitor violence; and the competing demands on school administrators. There are gaps in knowledge, and collaboration has been limited across agencies because of a number of issues, including perceived data confidentiality concerns. As a result, few states, local education agencies or schools monitor violence-related behaviors.

Improved surveillance and monitoring is important for the development of fully comprehensive and effective prevention programs. The CDC has traditionally led the nation's surveillance and monitoring of health concerns. For example, with regard to this topic, the CDC is currently collaborating with ED to develop and use a standardized national system for collecting information on the circumstances surrounding, and the number of violent deaths occurring at school. CDC activities in support of improved monitoring as part of this initiative will include:

- Developing tools to help individual SS/HS sites, and eventually all education agencies and schools, collect information on determinants, circumstances and events associated with violence-related behaviors and violence in their schools;
- Developing indicators of positive conditions and competencies for children and youth that characterize a safe learning environment;
- Designing a system for coordinating data collection systems maintained by different agencies;
- Gathering information on law enforcement, public health or social service system contacts for

child homicide and suicide victims; and

- Initiating a state level child fatality review system that collects information on the decedent, perpetrator, circumstances and related events associated with unnatural deaths among children under 18 years of age.

IV. ADDED VALUE OF THE INTERAGENCY INITIATIVE

Fundamental research, surveillance, and program evaluation have historically been concentrated in different agencies. Therefore, the results of each have often failed to inform work in the others. For example, fundamental research should provide innovative concepts and techniques that can be the basis of new and improved intervention programs. In return, program evaluation studies can discover previously unknown "real world" facts and generate fresh ideas that stimulate new lines of fundamental research. At the same time, the gulfs between scientific disciplines will be bridged through multi-disciplinary research projects. By sharing information and cooperatively funding major projects, the agencies will achieve a better integration of effort while continuing to fulfill their distinctive missions. Information would be shared not only through the interagency working group, but also through interdisciplinary conferences of researchers and a web-based distributed digital library of research findings, scientific data, and intervention program designs.

V. INITIATIVE MANAGEMENT

The proposed research will be coordinated by an interagency team including representatives of the CHBRI agencies. Individual or teams of participating Federal agencies would take the lead in their own areas of expertise and would be provided resources through this initiative to support personnel to carry out individual and interagency responsibilities. Accordingly, this CHBRI team will be split into subcommittees of agencies with expertise in particular areas, and will work closely with related federal government activities. For example, the agency representatives working on the youth violence prevention research will coordinate closely with the new White House Youth Violence Council. The President has established this Youth Violence Council to more effectively coordinate the Federal youth violence strategy. A critical task of this Council is to coordinate R&D across the federal government and to develop cross-agency research collaborations. Clearly, this proposal represents a significant step forward in meeting that goal, and the CHBRI agencies are committed to continuing to work closely with the Council to further its work in this area.

VI. BUDGET FOR THE CHILD HEALTH BEHAVIOR RESEARCH INITIATIVE

Funds requested for the initiative build on the budget requests for FY 2001 of the participating agencies and will enhance the efforts documented in the agency requests. A summary chart of funds proposed for this enhancement initiative at three levels is included in Appendix A of this document.

APPENDIX A
PROPOSED FY 2001 FUNDING
CHILD HEALTH BEHAVIOR RESEARCH INITIATIVE
OFFICE OF SCIENCE AND TECHNOLOGY POLICY
(Dollars in Millions)

Topic and Agency	High (75)	Medium (50)	Low (40)
Nutrition/Obesity	25	20	15
School Initiative	18	15	12
USDA	9	8	6
HHS/NIH	9	7	6
Surveillance			
CDC	7	5	3
	7	5	3
Childhood Violence			
SS/HS		30	25
ED		14	12
DOJ	50	4	4
HHS	20	4	4
	6	6	4
Basic & Applied	6		
NSF	8	14	12
HHS/NIH		7	6
DOJ	27	5	4
	12	2	2
Surveillance	10		
CDC	5	2	1
		2	1
	3		
	3		

APPENDIX B PARTICIPATING AGENCIES

Department of Education (ED)

Safe and Drug Free Schools Program

Budget Service

Office of Educational Research and Improvement ?

Department of Justice

National Institute of Justice (NIJ)

Office of Juvenile Justice and Delinquency Prevention (OJJDP)

Department of Health and Human Services

Centers for Disease Control and Prevention (CDC)

National Institute of Mental Health (NIMH)

National Institute of Child Health and Human Development (NICHD)

Office of the Assistant Secretary for Planning and Evaluation (ASPE)

Substance Abuse and Mental Health Services Administration (SAMHSA)

National Science Foundation (NSF)

Directorate for Social, Behavioral, and Economic Sciences

Directorate for Biological Sciences?

Department of Agriculture

Cooperative State Research, Education and Extension Service

APPENDIX C

DETAIL ON CURRENT INVESTMENT OF PARTICIPATING AGENCIES

Osteoporosis and Calcium Deficiency Prevention

NIH: The NIH currently funds approximately \$144.8 million in research on obesity and \$139.1 million on osteoporosis, small portions of which are directed to children. Much of this research is on basic mechanisms of pathogenesis, with a few small intervention studies. Intervention research on the scale proposed here is a major need.

CDC: With approximately \$9.6 million, CDC currently provides funds to states to develop coordinated school health programs that target tobacco use, poor nutrition, and physical inactivity. In addition to supporting programs in 16 states, CDC monitors tobacco use, physical activity, dietary habits and other risk behaviors among high school students; monitors school health policies and programs across the nation; compiles research on adolescent and school health; develops and disseminates guidelines for effective programs; and conducts rigorous analysis to ensure that interventions are science-based and are proven to be effective in reducing risk behaviors. An additional \$15 million has already been requested in the FY 2001 Budget Justification from DHHS to OMB and includes funds for an additional 22 state education agencies, 5 local education agencies in the nation's largest cities, and 6 national non-governmental organizations to prevent heart disease, cancer, and diabetes by improving physical activity, nutrition, obesity prevention, and tobacco use prevention programs in schools in 38 states and to enhance monitoring and applied research around youth risk behaviors leading to chronic disease in adulthood.

ED: The Department of Education is not conducting research activities specifically addressing nutrition and physical fitness. However, surveys conducted by the National Center for Education Statistics do provide some relevant information. For example, the Early Childhood Longitudinal Surveys (Kindergarten and Birth Cohorts) gather information on height, weight, motor skills, and nutrition. The School and Staffing Survey gathers information on numbers of health education and physical education teachers and the numbers of classes.

USDA: The major child nutrition research at USDA is conducted by three nutrition research centers: Arkansas Children's Hospital Research Institute, Baylor Children's Nutrition Research Center, and Delta Nutrition Intervention Research Initiative. Funding for this activity is \$17.6 million. The School Lunch Program, where part of the proposed intervention will take place, is supported by USDA but not as research.

Basic Research in Youth Violence

NIH/NIMH: The NIMH has a long history of supporting investigator-initiated research and training to enhance the scientific understanding of and effective interventions for a

range of problems that may be associated with violence towards others and self. These include problems of early aggression, antisocial behavior, and other problems of externalizing behavior including conduct disorder. Also included are internalizing problems such as depression and suicide. Institute-sponsored research includes a specific focus on risk and protective factors and processes involved in the development of child aggression and anti-social behavior, youth delinquency and violence. Research also examines the escalation, continuation, and cessation of such behavior into adolescence and adulthood. Similarly, the NIMH supports the development and testing of intervention strategies to reduce risk and intervene with youth who have problem behavior. Current funding for research on child and youth violence is _____.

NIH/NICHD: NICHD research on child and family violence addresses the development of aggressive and violent behavior in childhood and adolescence including individual, family, and socio-cultural influences and developmental pathways; the causes and consequences of family (domestic and child abuse) and community violence; risk-taking behaviors including sexual behaviors, peer pressure, gang participation, and drug and alcohol use, and their relation to violence; and factors within family, social, cultural, and school contexts which prevent violence and mitigate its consequences on the physical, cognitive, social, and emotional development of children. Current funding in this area is _____.

NSF: The NSF has long supported research in the areas of biological, psychological, economic, social and cultural causes of violence involving children, mostly through investigator-initiated proposals funded by the Directorate for Social, Behavioral, and Economic Sciences (SBE) in partnership with the Directorate for Biological Sciences (BIO) and the Directorate for Computer and Information Science and Engineering (CISE). Current funding for violence research is _____.

DOJ/NIJ: NIJ research includes a longitudinal study with a focus on neighborhood and community influences on the development of anti-social behavior, a national evaluation of the COPS School Resource Officer program, and broader school safety issues that involve police officers as well as mental health, education, community, and family. Current funding level is \$1,750,000 (check).

DOJ/OJJDP: OJJDP research is particularly directed toward the causes of truancy and the relationship between depression and truancy; programs and services to juveniles transitioning back into schools and communities from juvenile correctional facilities; weapon carrying behavior in schools; and identification of victims, risk factors associated with victims, and juvenile victim support services. Current funding on child violence research is _____.

Youth Violence. A total of \$8.7 billion is included in our mark for government-wide programs that address youth violence, an \$802 million (10 percent) increase over the FY 2000 President's Budget, and an increase of \$678 million (8 percent) from the FY 2000 enacted level. Included within this amount are programs that specifically target youth violence, such as the Safe and Drug-Free Schools and Communities program, as well as those that address the problem indirectly, such as after school programs. Within the larger total, \$1.2 billion is provided for targeted youth violence programs, a \$120 million (11 percent) increase from the FY 2000 President's Budget and a decrease of \$210 million (15 percent) from enacted. Highlights in this area include the following:

- Decreases in targeted programs are largely attributable to our recommended elimination of the Juvenile Accountability Incentive Block Grant and the Local Law Enforcement Block Grant, which accounted for \$300 million of DOJ's juvenile justice funding in 2000. The Administration has never requested money for these block grants, preferring instead to fund more focused programs.
- We include funds to expand the interagency Safe Schools/Healthy Students initiative to about 40 additional communities. In FY 2001, DOL will join ED, HHS, and DOJ in supporting this comprehensive, community-wide drug and violence prevention program.
- \$75 million is provided for a new initiative in DOL to reintegrate youthful and first-time offenders into society.
- \$11 million in new funding is provided for a 12-city expansion of the Youth Crime Gun Interdiction Initiative, which provides ATF agents and technical support to develop firearms trafficking cases against those supplying guns to youths and to initiate comprehensive tracing of firearms.

Funding for youth violence prevention may increase during agency appeals.



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503
Education Branch
Education, Income Maintenance, and Labor Division

Fax Cover

Date: 12/21/99 Time: 3:45 p

To: Ann O'Leary

Fax Number: 6-2878

From: Wayne Upshaw Lorenzo Rasetti

Mary Cassell David Rowe

Jennifer Kron ☒ Wei-min Wang

Leslie Mustain Peter Weber

Quirina Orozco Other

Number of pages: Cover + 4

Notes

Youth violence crosscut

Crosscut Funding Summary

Youth Violence

(BA, in millions of dollars)

							2001 Settlement / OMB Proposed Settlement	
Agency/Program	Targeted to Youth Violence?	1999 Actual	2000 President's Budget	2000 Enacted	2001 Agency Request	BA	(+/-) 2000 Enacted	
Department of Education								
21st century community learning centers (After School)		200.000	600.000	453.710	1,000.000	900.000	446.290	
High school reform/small schools initiative		—	—	45.000	125.000	125.000	80.000	
Safe and drug-free schools and communities								
State grants	Y	441.000	439.000	445.000	483.000	445.000	—	
National programs	Y	90.000	90.000	110.750	146.000	150.750	40.000	
Coordinator initiative	Y	35.000	50.000	50.000	50.000	50.000	—	
Project SERV	Y	—	12.000	—	12.000	10.000	10.000	
Primary education intervention (in IDEA Research and Innovation)		—	50.000	—	100.000	15.000	15.000	
Character education (in the Fund for the Improvement of Education)		8.400	10.300	8.562	11.100	8.562	—	
Elementary school counseling demonstration (in FIE)		—	—	20.000	—	20.000	—	
Civic education (earmark)	Y	1.000	1.000	1.500	1.000	1.500	—	
Subtotal, Department of Education		775.400	1,252.300	1,134.522	1,928.100	1,725.812	591.290	

Crosscut Funding Summary

Youth Violence

(BA, in millions of dollars)

						2001 Settlement / OMB Proposed Settlement	
Agency/Program	Targeted to Youth Violence?	1998 Actual	2000 President's Budget	2000 Enacted	2001 Agency Request	BA	(+/-) 2000 Enacted
Department of Health and Human Services							
SAMHSA/Mental Health Knowledge Development & Application Grants							
Youth Violence Prevention activities	Y	40.000	40.000	80.000	58.500	80.000	—
CDC/ Injury Prevention and Control							
Youth Violence Prevention Research & Evaluation	Y	11.943	11.943	11.943	17.054	11.943	—
National Academic Centers of Excellence	Y	—	—	10.000	—	10.000	—
National Youth Violence Prevention Resource Center	Y	—	—	2.500	—	2.500	—
Office of the Surgeon General							
Surgeon General Report on Causes of Youth Violence	Y	—	—	0.500	—	0.500	—
Subtotal, Department of Health & Human Services		51.943	51.943	104.943	75.554	104.943	—
Department of Housing and Urban Development							
Community Development Block Grant		4,873.00	4,775.00	4,800.00	5,349.00	4,925.00	125.000
Public Housing Drug Elimination Grant		310.00	310.00	310.00	310.00	315.00	5.000
Subtotal, Department of Housing and Urban Development		5,183.000	5,085.000	5,110.000	5,659.000	5,240.000	130.000

Crosscut Funding Summary

Youth Violence

(BA, in millions of dollars)

						2001 Settlement / OMB Proposed Settlement	
Agency/Program	Targeted to Youth Violence?	1999 Actual	2000 President's Budget	2000 Enacted	2001 Agency Request	BA	(+/-) 2000 Enacted
Department of Labor							
Youth Opportunity Grants		250.000	250.000	250.000	250.000	250.000	—
Youth Offenders		--	—	15.000	—	—	(15.000)
Transition to Responsibility for Ex-Offenders		--	—	—	200.000	75.000	75.000
Partnerships for Youth/Safe Schools/Healthy Students	Y	—	—	—	100.000	40.000	40.000
Subtotal, Department of Labor		250.000	250.000	265.000	550.000	365.000	100.000
Department of Justice							
Juvenile Justice (OJJDP)	Y	285.000	289.000	287.000	289.000	289.000	2.000
Violence Against Women Act/STOP Safe Start (OJJDP)	Y	10.000	10.000	10.000	10.000	10.000	—
COPS School Safety Programs	Y	22.500	75.000	15.000	75.000	60.000	45.000
Juvenile Accountability Incentive Block Grants (OJJDP)	Y	250.000	—	250.000	—	—	(250.000)
Weed and Seed Program - Safe Havens	Y	9.000	9.000	9.000	9.000	9.000	—
Local Law Enforcement Block Grant - Boys and Girls Clubs	Y	40.000	—	50.000	50.000	—	(50.000)
National Institute of Justice - Safe Schools Initiative	Y	10.000	—	15.000	—	—	(15.000)
Subtotal, Department of Justice		626.500	383.000	636.000	433.000	368.000	(268.000)
Department of the Treasury							
Bureau of Alcohol, Tobacco and Firearms							
Gang Resistance Education and Training (GREAT)	Y	16.000	13.000	16.000	13.000	13.000	(3.000)
Youth Crime Gun Interdiction Initiative (YCGII)	Y	27.000	45.000	51.320	63.216	70.816	19.496
Subtotal, Department of the Treasury		43.000	58.000	67.320	76.216	83.816	16.496

Crosscut Funding Summary

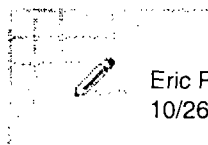
Youth Violence

(BA, in millions of dollars)

Agency/Program	Targeted to Youth Violence?	1999 Actual	2000 President's Budget	2000 Enacted	2001 Agency Request	2001 Settlement / OMB Proposed Settlement	
						BA	(+/-) 2000 Enacted
Executive Office of the President							
White House Council on Youth Violence	Y	—	—	TBD	TBD	TBD	—
Corporation for National and Community Service		714.000	848.000	734.000	1,064.000	851.000	117.000
Federal Mediation and Conciliation Service**		—	—	—	—	—	—

** Implementation and operations related to school-based conflict resolution and mediation curricula are funded through corporate sponsorships and reimbursable revenue from customers.

Subtotal, Targeted Federal programs addressing youth violence	1,288.443	1,084.943	1,415.513	1,276.770	1,214.009	(201.504)
Subtotal, Other Federal programs addressing youth violence	6,355.400	6,843.300	6,636.272	8,509.100	7,524.562	888.290
Total, Federal programs addressing youth violence	<u>7,643.843</u>	<u>7,928.243</u>	<u>8,051.785</u>	<u>9,785.870</u>	<u>8,738.571</u>	<u>686.786</u>



Eric P. Liu
10/26/99 12:01:42 PM

Record Type: Record

To: Ann O'Leary/OPD/EOP@EOP
cc: anna.richter/opd/eop@eop
bcc:
Subject: Re: FY 00 Startup costs for the Youth Violence Task Force 

Ann -- I have no preferences at all except for an efficient and meaningful operation. From the document Courtland sent us, it appears it would be housed on Jackson Place, which should be fine. I believe we're meeting about this tomorrow -- if you can sketch out some thoughts on timeline and next steps, that would be great. Thanks.

Ann O'Leary



Ann O'Leary
10/18/99 03:07:33 PM

Record Type: Record

To: Eric P. Liu/OPD/EOP@EOP
cc: Anna Richter/OPD/EOP@EOP
bcc:
Subject: Re: FY 00 Startup costs for the Youth Violence Task Force 

Eric -

This budget looks good, but raises a number of questions. Are you considering housing the Council in GSA? Frankly, while I am sure that option is more cost efficient, I think housing it in GSA would ensure that it would be alienated from other "youth" work and JJ work that is going on at the White House. Do you envision detailing a staff or hiring a new staff to work on this project? If you do house them in the WH, is there physical space enough?

I think we need to take a couple of steps:

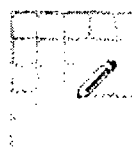
- (1) answer logistical questions outlined above and proceed to "set up shop"
- (2) outline timeline/calendar for next 12 months to determine what the Council can meaningful do in this timeframe (in terms of the broad projects outlined in the executive memorandum)
- (3) once FY2000 is passed and we have secured the funding for this project, I think we need to move on two tracks: (a) hiring personnel and setting up shop (b) formally calling a meeting with Bruce and the official members of the council (all of whom are personally invested and interested in this issue).

It would be helpful to me if we could meet briefly to discuss these next steps (and others).

Thanks.

-Ann

Eric P. Liu

 Eric P. Liu
10/18/99 11:36:03 AM

Record Type: Record

To: Ann O'Leary/OPD/EOP@EOP

cc:

Subject: FY 00 Startup costs for the Youth Violence Task Force

Ann -- Please review, and then let's talk about where you think this Council should go now.

----- Forwarded by Eric P. Liu/OPD/EOP on 10/18/99 11:31 AM -----

 Courtland L. Willman : 09/21/99 03:48:34

Record Type: Record

To: Eric P. Liu/OPD/EOP@EOP

cc: Paul J. Weinstein Jr./OPD/EOP@EOP

Subject: FY 00 Startup costs for the Youth Violence Task Force

Eric,

I apologize for the hold up. Below, please find my attachment (sent to Mark on 9/9) for a Youth Violence Task Force. This is a comprehensive cost configuration based on similar budgetary analysis. Please let me know if you have questions or concerns.

FYI - Mark did review the budget with Maria E.

Thank you.

Courtland

----- Forwarded by Courtland L. Willman/WHO/EOP on 09/21/99 03:44 PM -----

 Courtland L. Willman : 09/09/99 05:43:47

Record Type: Record

To: Mark F. Lindsay/WHO/EOP@EOP

cc:

Subject: FY 00 Startup costs for the Youth Violence Task Force

Attached please find FY 00 startup costs for the Youth Violence Task Force. The budgets illustrate a cost comparison assuming direct White House Office administrative support (\$605K) verses GSA

administrative support (\$665). In advocacy of the latter option, GSA has the infrastructure to support a task force. They have personnel in place to assume the administrative needs (personnel, payroll, accounting, budget, etc.).

This attachment only outlines a budget assuming direct WHO or GSA administrative support. It does not consider various funding options, i.e., other federal agency support. It is consistent with the notion that the task force will use funds from the Unanticipated Needs Account.



yvtf.xls

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

October 15, 1999

October 15, 1999

MEMORANDUM FOR THE ATTORNEY GENERAL
THE SECRETARY OF LABOR
THE SECRETARY OF HEALTH AND HUMAN SERVICES
THE SECRETARY OF EDUCATION
THE ASSISTANT TO THE PRESIDENT FOR
DOMESTIC POLICY

SUBJECT: White House Council on Youth Violence

Violence by youth and against youth is an issue that deeply concerns us all. Youth violence can be thought of as a juvenile crime issue, as a public health issue, and as a school safety issue. It affects every region and demographic group. As many recent incidents have made us aware, it is a problem that can strike with unexpected force -- and that now demands uncommonly unified responses. That is why I announced, on August 17, 1999, that a nonprofit, nonpartisan "National Campaign Against Youth Violence" had been established to bring together all segments of society to help prevent youth violence.

The Federal Government already addresses many aspects of youth violence through its programs. I am particularly proud of the joint efforts of the Attorney General, the Secretary of Health and Human Services, and the Secretary of Education in developing the Safe Schools/Healthy Students initiative. These agencies also worked well together to help us respond quickly to the Columbine High School incident. I have read with interest the report of the Attorney General's Coordinating Council on Juvenile Justice and Delinquency Prevention. I look forward to the report that the Surgeon General in response to my May request is preparing on the causes of youth violence. The Secretary of Labor's efforts to address the needs of youth are also about to bear fruit, as high-poverty communities implement our new Youth Opportunity Grants, and as the Secretary and the Attorney General finalize their agreement for cooperative work on those grants and on Labor's Youth Offender grant program.

With so many agencies and programs involved, and with the need for my Administration to work closely with different elements of State and local governments, tribes, schools, community groups, and families, it has become increasingly clear to me that the Federal Government needs a more effective policy coordination strategy for youth violence issues.

Therefore, today I direct the Assistant for Domestic Policy to form a White House Council on Youth Violence to provide this policy coordination, to provide flexible and timely responses to the challenge of youth violence, and to ensure that our Nation's citizens are able to benefit from the Federal Government's many antiviolence initiatives.

more

(OVER)

Structure of the Council

The Assistant to the President for Domestic Policy will chair the Council. The Office of the Vice President and the Office of Management and Budget will be regular participants. Four agency heads will be the regular program members of the Council:

- The Attorney General, responding to the juvenile crime aspects;
- The Secretary of Health and Human Services, responding to the public health aspects, including mental health aspects, and to family issues;
- The Secretary of Education, responding to the school safety issues; and
- The Secretary of Labor, responding to youth employment and out-of-school youth issues.

The Chair of the Council may add such other officials as he deems appropriate to further the purposes of this overall effort or to participate in specific aspects of it. For example, matters relating to public health aspects would involve the Surgeon General. Matters relating to firearms control or drug abuse would involve the Secretary of the Treasury and the Director of National Drug Control Policy, respectively. Implications for economic development policies would call for involvement of the Secretary of Housing and Urban Development, the Secretary of Agriculture, and the Secretary of Commerce. Comparable policies for Indian country would engage the Secretary of the Interior. Issues relating to community service opportunities for youth would involve the Chief Executive Officer of the Corporation for National and Community Service.

The Chair, after consultation with Council members, will appoint staff members to coordinate the Council's efforts. The Chair may call upon the participating agencies for logistical support to the Council, as necessary.

Duties of the Council

1. Develop a citizen's information hub. The Council will develop and maintain a coordinated inventory of relevant agency programs and provide analyses of their effectiveness. It will make this inventory widely available in summary form -- and upon request in more detail -- through the services of the appropriate Council member, to elected officials, community groups, police organizations, school systems, parents, and others working on local solutions to these issues. The inventory and full texts of program reports and evaluations should be available on an easily accessible website. The availability of this compilation will be widely publicized.

2. Produce reports on youth violence. The Council will prepare or have prepared reports on various aspects of the problem of youth violence, describing, for instance, best practices in combating the problem. In doing so, the Council should consult with nonprofits, foundations, and other organizations that have conducted research and/or developed resources on the prevention of youth violence. In addition, the Surgeon General is now carrying out a broad study of the potential causes of youth violence. I ask that the Surgeon General consult closely with the Council in the development of the study so that I may have the benefit of participation of all the involved agencies in its analysis and findings.

more

website

Shirley
+
Chairman
Horne

FY2001

3. Expand the Safe Schools/Healthy Students model of collaboration. This initiative of the Departments of Justice, Education, and Health and Human Services has evolved into a highly effective collaboration among the agencies. The Council will oversee this effort and examine options for improving its operations and applying the model to other governmental efforts. The Secretary of Labor will begin participation in the initiative through establishing linkages to Youth Opportunities and Youth Offender grants.

Private Response

4. Provide tools for parents to deal with the issue. Many Federal programs address issues relating to strengthening the family and helping parents raise children. The Council will explore the possibility of devising a cross-program strategy to help parents address youth violence. It will also report on new tools emerging in both the private and public sectors to assist parents.

5. Coordinate the Federal research agenda. The Council will oversee coordination of agency research agendas and the development of needed cross-agency research collaborations. I ask the Council to seek to have this structure in place to support the planning for FY 2001 research funds, and where feasible, to improve the planned use of funds available from prior years.

6. Develop further policy responses. The Council will meet at the call of the Chair to discuss new findings from analyses of the youth violence issue and to consider new or modified Administration responses to it, especially those that involve more than one agency. Recommendations for initiatives will be discussed in the Council for consistency with overall coordinated policy before being presented for formal decision in the budget process. From time to time, the Council will report to me directly on the results of its efforts.

WILLIAM J. CLINTON

cc: The Vice President
 The Secretary of the Treasury
 The Secretary of the Interior
 The Secretary of Agriculture
 The Secretary of Housing and Urban Development
 The Director of the Office of Management and Budget
 The Director of the Office of National Drug Control Policy

#

THE WHITE HOUSE

WASHINGTON

November 3, 1999

please
send to
Ann O'Leary
DPC
phone
66275
Mark

MEMORANDUM FOR THE SECRETARY OF THE TREASURY

SUBJECT: White House Council on Youth Violence

Recently, I announced the formation of the White House Council on Youth Violence, to be chaired by the Assistant to the President for Domestic Policy and to include the Attorney General and the Secretaries of Health and Human Services, Labor, and Education. The purpose of this Council is to provide policy coordination on issues central to the prevention of youth violence, to provide flexible and timely responses to the challenge of youth violence, and to ensure that our Nation's citizens are able to benefit from the Federal Government's many anti-violence initiatives.

Due to the central role the Department of the Treasury plays in matters related to firearms control, I am adding the Secretary of the Treasury to the Council as one of its regular program members. Through this memorandum, I ask for your participation on the Council, to help in the Federal Government's important effort to help prevent youth violence.

William J. Clinton

cc: Assistant to the President for Domestic Policy

White House Council on Youth Violence				DRAFT				1/10/99 12:24 PM
FY 00 Startup and Operating Costs								
Funds: 00000000								
Note: DRAFT - TIMA: based on 10/15/99 press release				Original	Revised	Revised		
Form estimates subject to congressional approval and availability of funds				Estimate	Estimate	Estimate		
11.1	Personnel Compensation							
	Personal Staff							
	2 @ \$91K ea (GS15-5)		182	157	0			
	1 Director @ \$91K (GS15-5)		74	0	74			
	1 @ \$78K (GS14-5)		74	67	0			
	Professional Staff							
	1 @ \$66K (GS13-5)		66	57	57			
	Support Staff							
	1 @ \$16K (GS11-5)		0	40	0			
	1 @ \$28K (GS9-5)		0	34	0			
	Subtotal		326	354	135			
12.1	Benefits (25% of salary costs)		82	89	34			
21.0	Travel							
	Local travel		2	2	2			
	3 trips @ \$2K ea		6	0	0			
	Airfare/Travel for community outreach based on 10/15 press release		0	80	0			
	Subtotal		8	82	2			
22.0	Transportation of Things							
	Operational FedEx/UPS costs		1	7	7			
	Shipping for reports (125 reports per shipment, \$4 per report, 2 shipments)		1	0	0			
	Subtotal		2	7	7			
23.1	GSA Rent (600 sq ft @ \$36 per sq ft, office + joint space costs)		22	23	20			
23.3	Communications, Utilities & Misc Charges							
	Telephone		0.8	8	8			
	OIA IAO 6 junks @ \$140 ea		0.8					
	AT&T, Time & Material 40 hrs @ \$75		3.0					
	Centrex Mail, 6 lines @ \$10 per month		0.7					
	Skype, 4 @ \$35 per month		1.7					
	Long Distance		1.3					
	International Long Distance		0.5					
	Leads News, \$2K per month		24	24	20			
	Deliveries searches		0	0	0			
	Postage 4,000 pieces per month @ \$.33 each		16	16	13			
	Subtotal		38	48	43			
24.0	Printing							
	Published Reports 2 junks @ \$5K		10	0	0			
	Published Reports 50,000 junks @ \$6.00 per report		0	300	0			
	Published Reports 20,000 reports @ \$6.00 per report		0	0	120			
	In house printing and graphics (OIA IAO)		5	15	15			
	Subtotal		15	315	135			
25.2	Other Services							
	PC Maintenance 4 @ \$250		1	0	0			
	PC Maintenance 4 @ \$110		0	0	0			
	PC Maintenance 6 @ \$110		0	0	0			
	Consulting Contractor, Editing Services		25	40	40			
	Web Master (10 mps, or 1728 hours @ \$120 per hour)		0	207	0			
	GSA Work Orders		5	5	5			
	Commercial Reports		5	5	5			
	Subtotal		36	258	51			
26.0	Supplies & Materials							
	Commercial Supplies 4 junks @ \$2,500		10	10	10			
	OIA IAO 4 junks @ \$1,000		4	4	4			
	Supplies 4 junks @ \$1,000		2	2	2			
	Subtotal		16	16	16			
31.0	Equipment							
	Copier		15	15	15			
	Fax		3	3	3			
	Computers 4 @ \$2K ea		8	0	0			
	Computers 5 @ \$2K ea		0	0	10			
	Computers 6 @ \$2K ea		0	12	0			
	Laptop, 1 @ \$2K		3	3	3			
	Printers 2 @ \$1,500		3	3	0			
	Printers 3 @ \$1,500		0	5	5			
	Furniture 4 @ \$3,500		14	0	0			
	Furniture 5 @ \$3,500		0	0	18			
	Furniture 6 @ \$3,500		0	21	0			
	Telephones: 1 @ \$900, 4 @ 500		3	0	0			
	Telephones: 1 @ \$900, 4 @ 500		0	0	3			
	Telephones 1 @ \$900, 6 @ 500		0	4	0			
	Subtotal		48	68	57			
TOTAL			605	1,258	500			
(1) Assumptions used to develop these estimates were based on Paul Weinstein's 9/8/99 e-mail.								
(2) Assumptions used to develop these estimates were based on the 10/15/99 press release:								
The personnel will be on board 11/22/99.								
The Council may travel extensively to develop an effective policy coordination strategy. Travel costs are based on one trip per month, average \$1,000, for 4 travelers. Converse 4 10-member panels (avg cost of invitation, travel, honor, \$1,200).								
The Council may need to produce more than two reports, which will have wide distribution.								
The Council will contract out to develop a web site to publicize an inventory and analysis of available agency programs.								
Excludes costs associated with an ad or media campaign and FY 2001 research funds.								
Includes estimated charges for OIA reimbursement services.								
(3) Assumptions used to develop these estimates were based on the 10/28/99 e-mail from Courtland Willard and Ann O'Leary and the following:								
The personnel will be on board 11/22/99.								
Deputy Director and two support staff slots will be filled with agency representatives as nonreimbursement positions.								
Excludes travel costs for staff associated with community outreach and invitation/travel for panels.								
Assumes postage and Leads News costs beginning 11/22/99.								
Assumes GSA rent costs beginning 11/22/99.								
Excludes costs for web master.								
Excludes costs associated with an ad or media campaign and FY 2001 research funds.								
Includes estimated charges for OIA reimbursement services.								

Sen. Specter's Youth Violence Prevention Initiative

in the Final Labor/HHS/ED Conference Agreement
(BA, in millions of dollars; amounts do not reflect the 0.97 percent across-the-board cut.)

Department/Program	FY99 Enacted	FY00 Pres. Budget	FY00 Senate	FY 2000 Conference			Comments
				Final	(+/-) FY99 Enacted	(+/-) Pres. Budget	
Health and Human Services							
Office of the Surgeon General (OS)	0	0	4	2	2	2	Conference bill specifies amount be used "to prepare and disseminate the findings of the Surgeon General's report on youth violence, and to coordinate with other agencies throughout the Federal government, through the establishment of a Federal Coordinating Committee, activities to prevent youth violence."
National academic centers of excellence for youth violence prevention (CDC)	0	0	10	10	10	10	
National youth violence prevention resource center (CDC)	0	0	3	3	3	3	
Health care professional training							
National institute of mental health (NIH)							
National institute of drug abuse (NIH)							
National institute of alcohol abuse and alcoholism (NIH)							
Knowledge development and application (SAMHSA)	40	40	80	80	40	40	Conference report specifies amount "be used for the support and delivery of school-based and school-related mental health services . . . the Department will continue to collaborate its efforts with the Department of Education . . ."
Subtotal, Health and Human Services	40	40	97	95	55	55	
Education							
Parent information and resource centers (Youth violence prevention increment)	0	0	3	3	3	3	
Safe and drug-free schools and communities State grants (non-add)*	441	439	476	460	19	21	Not part of Specter Youth Violence Prevention Initiative.
Safe and drug-free schools and communities national programs	90	90	100	95	5	5	
Safe and drug-free schools and communities coordinator initiative	35	50	60	50	15	0	
Safe and drug-free schools and communities Project SERV (non-add)*	0	12	0	0	0	-12	Not part of Specter Youth Violence Prevention Initiative.
21st century community learning centers	200	600	400	300	100	-300	
Teacher quality enhancement grants	75	115	80	80	5	-35	
Character education (in the Fund for the Improvement of Education)	1	1	10	1	0	0	
Elementary school counseling demonstrations (in FIE)	0	0	20	20	20	20	
Violence prevention demonstration program (in Civic Education)	1	1	2	2	1	1	
Inexpensive book distribution (Youth violence prevention increment)	0	0	4	2	2	2	
State grants for incarcerated youth offenders	17	12	19	19	2	7	
State agency neglected and delinquent program	40	42	42	42	2	0	
Subtotal, Education	459	911	739	613	155	-298	
Labor							
Youth activities formula grant (non-add)	1,001	1,001	1,001	1,001	0	0	Specter mentioned this program in his youth violence report, but did not include it in his totals.
Youth opportunity grants (non-add)	250	250	250	250	0	0	Specter mentioned this program in his youth violence report, but did not include it in his totals.
Job Corps (non-add)	1,309	1,347	1,359	1,359	50	12	Specter mentioned this program in his youth violence report, but did not include it in his totals.
Youth offender	0	0	15	15	15	15	
Subtotal, Labor	0	0	15	15	15	15	
TOTAL, Specter Youth Violence Prevention Initiative	499	951	851	723	224	-228	

Amount in Specter announcement

White House Council on Youth Violence

Initial Logistical Steps to set up Council

- (1) Agreement on personnel – numbers, responsibilities
Proposal: Model on other WH Councils or taskforces, e.g. WH Millennium Council (1 Senior Staff, 1 Deputy, detailees from each agency, 1 office manager, volunteers)

Brainstorm about potential Senior Staff

- (2) Timeline

Hire personnel (Senior staff and deputy) by mid-late November

Immediate – Bruce Reed requests each agency to provide formal input on carrying out youth violence council, calls meeting with Cabinet Secretaries appointed to Council to officially kick-off the council and discuss objectives and deliverables

12 month timeline for deliverables

- (1) Citizen's Information Hub
Research programs, evaluations from each agency
Design website
Rollout in February 2000 and continue to build on and add

- (2) Produce Reports on Youth Violence
Complete an initial needs assessment on report topics needed by mid-December (may include calling together meeting with non-profits, National Campaign, and Foundation heads to discuss partnerships and areas to further explore)
Aim for producing two major reports throughout twelve-month period

- (3) Expand the Safe Schools/Healthy Students model
Work through FY2001 process to increase funding and expand mission by adding DOL to partnership team

- (4) Tools for parents
Complete a needs assessment of programs, projects, and tools agencies have available for parents, determine what needs to be added to the information hub, where there are holes, etc.

- (5) Coordinate Federal Research Agenda
Work with OSTP to ensure that a youth violence research agenda is included in FY2001 budget
Check in with National Campaign advisory committee on research

(6) April

School Superintendents, Districts

EO – report on school since Commission Reports

talk to Jeff

Q40-8471

detailees under

Hoping, writing

1-800-775-??

Andy Hume - Tipper
Marian Scott

Dr. Susan Blumenthal (SAs office)
Special Advisor
Re-annex

Chellu/Paul
on 100 jobs
insurance

Lisa
Dancing

Decker

Paul Christ

Johnson or the name

Liz Fine (Michael Valdres code)
too soon until 1-2000

Justice

Deputy
ORD

Sonia Chesser, 770.010
2 HHS, Children's Writing
My main dept. in Washington

to make + Perry has someone in mind

Eric Parker

Jim Drury, Lynn Lipp, Detoy Dedier (Kevin Sullivan)
Shirley Drayson
Shirley Drayson

Youth
Area
not

Entertainment
zone

My point
add to
do not

EO

Do you
Community center
zero-tolerance
law?

Discipline
policy
- mental health

Young people
in interest

Nature
Camp
Event

Demora

unaware report?

Spots - ves-site

Demora

→ Suzanne
Dodd - Branson

Spec. Committee on American Culture

Track Force - Po + Ds

Strong under in Am Culture

Jerks David

young boys / humor see

Peter Friedman

Campaign

Marketing

W4 bond mens - 100,000/pers

DOJ - 200,000

Ed/HR - Bill mobsters

Foundation - Don't mess / write report

no heavy capital

no government comments - no cash on hand

W4 event before end of yr. →

① bond f directors by end of this week
(every director) → computer can do

② Union of city-by-city - mid-late January
major cities

③ February - PSAs - AA Council - mid-February

④ April 20th

- national elections
- day of Mr. - Mrs. -
- Thanksgiving
- New Year's Eve
- roadblock
- 2,500 + more

White House Council on Youth Violence

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- (5) Coordinate Federal Research Agenda
Work with OSTP to ensure that a youth violence research agenda is included in FY2001 budget
Check in with National Campaign advisory committee on research

White House Council on Youth Violence

FY 00 Startup and Operating Costs

(\$ in thousands)

20-Oct-99

4:14 PM

Note: **DRAFT ESTIMATE** based on 10/15/99 press release.

Final estimates subject to principals' approval and availability of funds.

	Original Estimate ¹	Revised Estimate ²	Recommended Budget Estimate
11.1 Personnel Compensation			
Senior Staff:			
2 @ \$91K ea (GS15-5)	182	157	
1 @ \$78K (GS14-5)	78	67	
Professional Staff:			
1 @ \$66K (GS13-5)	66	57	
Support Staff:			
1 @ \$46K (GS11-5)	0	40	
1 @ \$38K (GS9-5)	0	33	
Subtotal	326	354	0
12.1 Benefits (25% of salary costs)	82	89	0
21.0 Travel			
local travel	2	2	
3 trips @ \$2K ea	6	0	
Additional travel for community outreach based on 10/15 press release	0	80	
Subtotal	8	82	0
22.0 Transportation of Things			
Operational FedEx/UPS costs	1	7	
Shipping for reports (125 reports per shipment, \$4 per report, 2 shipments)	1	0	
Subtotal	2	7	0
23.1 GSA Rent (600 sq ft @ \$38 per sq ft; office + joint space costs)	23	23	0
23.3 Communications, Utilities & Misc Charges			
Telephone	8	8	
OA IAG: 6 ports @ \$140 ea	0.8		
AT&T, Time & Material: 40hrs @ \$75	3.0		
Centrex Maint: 6 lines @ \$10 per month	0.7		
Skytel: 4 @ \$35 per month	1.7		
Long Distance	1.3		
International Long Distance	0.5		
Lexis Nexis: \$2K per month	24	24	
Postage: 4,000 pieces per month @ \$.33 each	16	16	
Subtotal	48	48	0
24.0 Printing			
Published Reports: 2 jobs @ \$5K	10	0	
Published Reports: 50,000 reports @ \$6.00 per report	0	300	
In house printing and graphics (OA IAG)	5	15	
Subtotal	15	315	0
25.2 Other Services			
PC Maintenance: 4 @ \$250	1	0	
PC Maintenance: 6 @ \$110	0	1	
Consulting Contract: Editing Services	25	40	
Web Master (10 mos, or 1726 hours @ \$120 per hour)	0	207	
GSA Work Orders	5	5	
Commercial Repairs	5	5	
Subtotal	36	258	0
26.0 Supplies & Materials			
Commercial Supplies: 4 qtrs @ \$2,500	10	10	
OA IAG: 4 qtrs @ \$1,000	4	4	
Subscriptions	2	2	
Subtotal	16	16	0
31.0 Equipment			
Copier	15	15	
Fax	3	3	
Computers: 4 @ \$2K ea	8	0	

Computers: 6 @ \$2K ea	0	12	
Laptop: 1 @ \$3	3	3	
Printers: 2 @ \$1,500	3	3	
Printers: 3 @ \$1,500	0	5	
Furniture: 4 @ \$3,500	14	0	
Furniture: 6 @ \$3,500	0	21	
Telephones: 1 @ \$900; 4 @ 500	3	0	
Telephones: 1 @ \$900; 6 @ 500	0	4	
Subtotal	49	66	0
TOTAL	605	1,258	

(1) Assumptions used to develop these estimates were based on Paul Weinstein's 9/8/99 e-mail.

(2) Assumptions used to develop these estimates were based on the 10/15/99 press release:

- o The personnel will be on board 11/22/99.
- o The Council may travel extensively to develop an effective policy coordination strategy. Travel costs are based on one trip per month, averaging \$1000, for 4 travelers. Convene 4 10-member panels (avg cost of invitational travel order, \$1000).
- o The Council may need to produce more than two reports, which will have wide distribution.
- o The Council will contract out to develop a web site to publicize an inventory and analyses of available agency programs.
- o Excludes costs associated with an ad or media campaign and FY 2001 research funds.
- o Includes estimated charges for OA reimbursable services.

*0 Does not include GST administrative cost if considered.

YOUTH VIOLENCE TASK FORCE COST ANALYSIS

INITIAL DPC REQUEST FOR FUNDING
<i>Staff: 3 - Director, Deputy Director, Staff Assistant</i>
<i>2 Offices in the NEOB or Jackson Place</i>
<i>3 Computers</i>
<i>2 Printers</i>
<i>1 Copier</i>
<i>1 Fax machine</i>
<i>Filing cabinets</i>
<i>3 Telephone lines</i>
<i>2 Reports to be published over a six month period</i>

BUDGET REQUIREMENTS BASED ON INITIAL REQUEST	Budget estimate
Staff: 3 Senior, 1 Professional	\$326
Benefits (25% of salary)	\$82
*Travel	\$8
*Transportation of things	\$2
GSA Rent: 2 Rooms	\$23
Communications, Utilities, Misc.	\$48
Printing: 2 reports @ \$5K ea.	\$10
*In-house printing	\$5
Other services: PC main., GSA, repairs	\$36
Supplies & Materials	\$16
Equipment	\$49
TOTAL	\$605

* Not identified in initial request

BUDGET REQUIREMENTS BASED ON 10/15 PRESS RELEASE	Budget Estimate
Staff: 3 Senior, 1 Professional	\$281
Support staff: 2	\$73
Benefits (25% of salary)	\$89
Travel	\$2
Travel for community outreach	\$80
Transportation of things	\$7
GSA Rent: 2 Rooms	\$23
Communications, Utilities, Misc.	\$48
Published reports: 50,000 @ \$6.00 ea.	\$300
In-house printing	\$15
Other services: PC main., GSA, repairs	\$51
Web Master	\$207
Supplies & Materials	\$16
Equipment	\$66
TOTAL	\$1,258

Q&A on Youth Violence Announcements
October 15, 1999

Q: What did the President announce today?

A: Today, President Clinton announced two new initiatives in the national effort to prevent youth violence. First, he unveiled a new anti-violence public service advertising campaign on NBC. Second, the President announced that he is creating a new White House Council on Youth Violence to ensure that the federal government's many efforts in this area are well-coordinated and serve the public as effectively as possible. Finally, the President demanded that Congress pass common-sense gun control measures, noting that Congress has let six months pass since Littleton.

White House Council on Youth Violence

Q: What is the mission of this council?

A: The Council will work to more effectively coordinate and implement policies across the Federal government that address youth violence, including juvenile crime issues, public health issues, and school safety issues. The Council will be specifically tasked to: (1) develop an information hub for citizens so that the public can more easily access information about federal problems aimed at curbing youth violence; (2) produce reports on youth violence, and on best practices in combating the problem; (3) expand the Safe Schools/Healthy Students model of inter-agency collaboration; (4) provide tools for parents to deal with the issue of youth violence; (5) coordinate the federal research agenda; and (6) develop further policy responses as needed.

Q: Who will sit on the Council?

A: The Assistant to the President for Domestic Policy will convene the Council and members of the Council will include the Attorney General and the Secretaries of Health and Human Services, Education, and Labor, as well as the Director of the Office of Management and Budget. In addition, Chair of the Council may add other officials as needed, such as the Surgeon General or the Director of the National Drug Control Policy.

Q: How does the Administration plan to fund the work of the White House Council on Youth Violence?

A: Due to the urgent and unanticipated need that has been raised by the incidents of youth violence that shocked the Nation in the past six months, from the tragedy at Columbine High School to the shootings at the Jewish Community Center in Los Angeles, the President is setting up the Council to respond to this National crisis. The Administration hopes to fund the operation of this Council from the President's Unanticipated Needs account in the White House budget.

Specific budget decisions regarding personnel and other budgetary needs will be addressed as the Council is established.

Q: Will the Council specifically deal with the issue of mental health as it relates to youth violence?

A: The Council will address a number of issues that are related to youth violence, including mental health. The Council will work to make the connections and build bridges between federal programs dealing with issues ranging from juvenile justice to mental health.

Q: What is the Administration currently doing to help prevent youth violence?

A: The Administration has a widerange of programs and supports that help to prevent youth violence. For example, the U.S. Department of Education awards 21st Century Community Learning Center grants to provide after-school learning opportunities and safe harbors for youth in the out-of-school hours. The President has proposed to triple the funding for this initiative to \$600 million to serve 1.1 million students in the year 2000. The U.S. Department of Labor is implementing new Youth Opportunity grants in high-poverty areas to address the needs of youth in the out-of-school hours. This year, the Attorney General, the Secretary of Health and Human Services, and the Secretary of Education took leadership in developing a joint initiative – Safe Schools/Healthy Students – to help communities develop community-wide responses to school and youth violence. These agencies also worked together to develop a guide – *Early Warning, Timely Response: A Guide to Safe Schools* – to help teachers and principals identify and respond to the early warning signs of troubled youth that can lead to school violence.

Q: How is the Council related to the National Campaign Against Youth Violence?

A: The White House Council on Youth Violence is the federal government's response to the need to more effectively address the problem of youth violence. The National Campaign is a private non-profit, non-partisan effort to engage all sectors of our community in a campaign to raise awareness of the problem and address the problem community-by-community. The Council and the National Campaign have no formal relationship, but each will learn from the other's efforts.

NBC Public Service Campaign

Q: Does this Campaign result from the President's White House strategy session after Littleton?

A: NBC developed this public service campaign in response to the recent national incidents of youth violence. It is an example of one sector of our society – the media – responding to the national need to help prevent youth violence. The campaign deals with an array of interconnected problems from preventing youth violence to combating prejudice, fighting

hate crimes, and celebrating diversity. [Note: NBC did not participate in the May event strategy session, so we should not characterize today's PSA announcement as a response to the President's call to action at that session.]

Gun Legislation

Q: What do you think the prospects are for passing gun legislation before the Congress adjourns for the year?

A: It would be a grave mistake for the Congress to fail to act on such important life-saving legislation. In this year alone, we have watched as innocent people were gunned down while attending school, walking home from a church or synagogue, working in their offices, delivering the mail, and worshiping in their church. And just this week, three law enforcement officers were killed by gunfire in Pleasanton, Texas. Now is the time to pass common sense gun legislation.

Every day the Congress fails to finish its work on gun legislation, another 13 children are killed by gun violence. The President is committed to doing his part, by giving communities tools to keep their communities safe – by putting more police on the street, cracking down on illegal gun traffickers, and providing new school safety resources. But there is simply no reason why criminals should be able to buy guns without a background check at gun shows; why violent juveniles should be able to purchase a handgun on their 21st birthday; and why child safety locks cannot be provided with every handgun sold. The President will join the American people in continuing to urge the Congress to pass these common sense measures without further delay.

Q. What is the current status of your hate crimes legislation and what are the prospects that you can get Congress to move on it this year?

A. It has now been a year since the murder of Mathew Shepard. In addition to this terrible incident, hundreds of others have been injured or killed over the past two years, simply because of who they are. In response to this epidemic of violence, many people around the country, both Democrats and Republicans, have called on Congress to strengthen the federal hate crimes laws.

Earlier this year, the Senate passed legislation which if enacted would strengthen current law by making it easier to prosecute crimes based on race, color, religion and national origin and by expanding coverage to include crimes based on sexual orientation, gender and disability.

Congress now has the opportunity to complete work on that legislation and to send it to me for signature. I call on them to do so as quickly as possible. The nation cannot afford to wait.

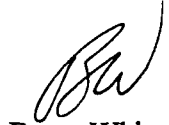
Q. What is your reaction to the news that Senate Republicans will remove the Hate Crimes legislation from the pending appropriations bill?

A. I think that would be a very wrong and bad decision. In just the last year we've had a series of tragedies that have reminded us of the need to send a strong message to those who sow hate and try and divide us. This isn't a Democratic or Republican problem, it's a problem that America needs to solve together. There is broad support for this measure nationally, and we will not give up on this effort.

August 18, 1999

Eric:

Here are the inventories provided by ED, HHS, DOL, and Justice. In two versions, one tabular, the other with more narrative.

A handwritten signature in black ink, appearing to be 'BW' or 'Barry White', written in a cursive style.

Barry White

attachments.

Key Departmental Programs/Research That Can Have an Impact on the Prevention of Youth Violence

7/1/99

<u>Age Range</u>	<u>Program</u>
Pre-natal	Nurse home visitation - supporting the replication of David Olds proven-effective strategy for nurse home visits among high risk families. HHS/CDC/DOJ
0-3	Nurse home visitation - supporting the replication of David Olds proven-effective strategy for nurse home visits among high risk families. HHS/CDC/DOJ <i>FOCUS: direct services</i> Special Education: Grants for Infants and Families (ED) Early Head Start-Established in 1994, Early Head Start (EHS) builds off the long-standing Head Start program for pre-school children, expanding the benefits of early childhood development to low income families with children under three and pregnant women. HHS/ACF

7/1/99

3-5	-Even Start (ED) <u>FOCUS: direct services (ages 0-7)</u> -Special Education: Preschool Grants (ED) <u>FOCUS: direct services</u> -3 - 10 Pre- and Elementary School Aged--Evaluation of Specific Youth Violence Prevention Projects with Family Components HHS/CDC -Head Start-Head Start is a national program which provides comprehensive developmental services for America's low-income, pre-school children (at least 10% are children with disabilities) and social services for their families. HHS/ACF
Pre- natal - 5	-<u>Safe Start Initiative</u> The goal of the Safe Start Initiative is to create a holistic approach to prevent and reduce the harmful effects of family and community violence on young children. The Initiative expands existing partnerships between service providers (in key areas such as early childhood education/intervention, domestic violence/crisis intervention, law enforcement, courts and legal services) to create a comprehensive community service delivery system that will meet the needs of children and their families at any point of entry into the system. The Yale Child Study Center will Serve as a national center for information on children exposed to violence and on law enforcement partnerships. It will serve as an important resource for all communities who are in need of assistance and support in developing intervention programs focusing on children exposed to violence.

Key Departmental Programs/Research That Can Have an Impact on the Prevention of Youth Violence

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5-17/18	Safe and Drug-Free Schools State Grants (ED) <u>FOCUS: direct services</u> Safe and Drug-Free Schools National Programs (including "Safe Schools/Healthy Students" and the "Alternative Education" initiative) (ED) <u>FOCUS: R&D/demonstrations</u> Special Education: Primary Education Intervention (ED) <u>FOCUS: demonstration projects (ages 3-9)</u> 21st Century Community Learning Centers (ED) <u>FOCUS: direct after-school services</u> Safe and Drug-Free Schools Coordinator Initiative (ED) <u>FOCUS: direct services (middle school level)</u> Safe and Drug-Free Schools: Project SERV (ED) <u>FOCUS: direct services</u> Vocational Education National Programs (including "New American High Schools" initiative) (ED) <u>FOCUS: demonstrations (high school level)</u> Teacher Quality and Recruitment (ED) <u>FOCUS: teacher training</u> Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP)(ED) <u>FOCUS: direct services (middle school level)</u> Fund for the Improvement of Education (Character Education Program) (ED) <u>FOCUS: demonstrations</u> National Youth Sports Program: An annual grant is made to a national, non-profit organization to operate the National Youth Sports Program, which provides a comprehensive developmental and instructional sports program for approximately 70,000 low-income youth ages 10 – 16 during the summer months. The current grantee is the National Collegiate Athletic Association (NCAA), which contracts with some 185 colleges and universities in 44 States to provide sports instruction and enrichment activities, including information about career and educational opportunities, study habits, drug and alcohol abuse and nutrition. Each participant also receives a complete medical examination. 10-16 HHS/ACF
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Key Departmental Programs/Research That Can Have an Impact on the Prevention of Youth Violence

7/1/99

5-17/18 cont..	School-Associated Violent Death Study - to carry out an investigation of homicides and suicides associated with schools between 1994 and 19998, to identify common features of these events and to quantify the level of risk for school associated violent deaths, ages 5-18. This project is in collaboration with the Dept of Educ. HHS/CDC Follow-up evaluations of school-based programs, peer mediation, family support and adult mentoring as interventions to prevent youth violence, ages 5-15 HHS/CDC Suicide Intervention Evaluation - to evaluate specific interventions that may influence one or more of the factors that lead to suicidal behavior among high risk populations, ages 14-18 HHS/CDC Interventions to prevent violence among high-risk youth- to support the implementation and evaluation of interventions which are designed to prevent violence-related injuries among high-risk youth who are in alternative schools, or have been injured in a violent incident or have received treatment for a violence related assault or trauma. Ages 13-21 HHS/CDC Case control Study of Near Lethal Suicide attempts Ages 15-34 (CDC) Attention Deficit Hyperactivity Disorder (ADHD) After-School programs run by trained staff that teach cognitive and social problem-solving skills to 6-8th grade children who are from turbulent families and suffer some depressive symptoms may protect these children and youth against depression and behavior problems Preliminary work indicates that 2 years later, children in the program are less depressed than youth not in the program. HHS/NIMH Therapeutic Foster Care is an effective home based intervention for chronically offending delinquents (e.g., in one study an average of 14 arrests of which 4 are felonies). Foster parents are trained to work in their homes with delinquents for 6 to 7 months. Key elements of the program include providing supervision, structure, consistency, discipline, and reward for good behavior. This intervention results in fewer runaways and program failures than other placements and is less expensive. HHS/NIMH Adolescent Treatment Models- which target gender-specific and developmentally appropriate treatment models for adolescent girls, models that foster linkages between school-based and juvenile justice interventions and projects addressing heroin abusing youth. Projects addressing adolescent with cognitive and physical disabilities are encouraged.
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Key Departmental Programs/Research That Can Have an Impact on the Prevention of Youth Violence

7/1/99

5-17/18 cont...	Treatment for Adolescent Alcohol Abuse and Alcoholism--co-funded with NIAAA, studies efficacious treatment interventions and services for adolescents with alcohol problems. HHS/SAMHSA CSAT Action Grant Program--provides funding to communities to support exemplary practices or supports to their system of care for adolescents (and adults). HHS/SAMHSA HIV/AIDS Outreach Program--to support community-based programs in African-American, Hispanic/Latino, or other racial/ethnic minority communities with high rates of substance abuse and AIDS. Adolescents (age 12-19) are a target population. HHS/SAMHSA Formula-funded Youth Programs--Replacing the Job Training Partnership Act (JTPA) of 1982, the WIA focuses on providing youth assistance in both academic and occupational learning; developing leadership skills among youth; and preparing them for further education, additional training, and eventual employment. The legislation creates both the local workforce investment board and the local youth council, a subgroup of the local board responsible for recommending and coordinating the youth policies and programs within a specific geographic area. It is the legislation's intent that the local youth council broaden participation in the design and delivery of youth services at the local level. (DOL) Right Track Partnerships An initiative that will focus on preventing youth from dropping out of school, and to encourage those who have already dropped out to complete their high school education. Partnerships will be formed among the private sector, the schools, and community-based organizations to tailor services to real needs. The program design calls for following youth until they graduate from high school, and providing services that are age appropriate and include components such as: tutoring, adult mentoring, career exploration, community service, job shadowing, work experiences through internships, summer jobs, and other types of work-based learning linked to the classroom. It is anticipated that 500,000 youth will participate in summer activities in Program Year 1999, with an additional 180,000 served under JTPA's year-round program. Reflecting a more complete set of services provided to individual youth served under the WIA, an anticipated 575,000 14- to 21-year old youth will receive services in Program Year 2000. (DOL)
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Key Departmental Programs/Research That Can Have an Impact on the Prevention of Youth Violence

7/1/99

5-17/18 cont..	School-to-Work--A joint effort of the Departments of Labor and Education, the School-to-Work initiative began with the enactment of the School-to-Work Opportunities Act of 1994. Grants have been provided to all 50 States, the District of Columbia and Puerto Rico, to support local areas in their efforts to help students successfully transition from school into the workplace. The legislation focuses on providing school & work--based learning, and connecting activities to youth in broad career areas so that youth are better prepared for both post-secondary education and future careers. School-to-Work efforts have expanded linkages at both the State and local levels among workforce development agencies, two-year and four-year institutions, elementary and secondary education, vocational education, vocational rehabilitation, community-based organizations, etc., as schools work to more effectively partner with employers and community leaders so that youth are fully informed of the job expectations of tomorrow's workplace. An estimated 1.2 million youth currently participate in an integrated curriculum under the School-to-Work initiative, with an additional 470,000 youth participating in both an integrated curriculum and a work-based learning component. All ages. (DOL) (ED) The Youth Opportunity Grants, authorized under the WIA, significantly increase resources available for serving youth growing up in high poverty urban and rural areas. DOL envisions that these grants will be used as a complement to formula funded WIA programs, Job Corps, School-to-Work, Department of Education programs, and other programs funded at the Federal, State, and local levels to help youth successfully make the transition to adulthood. In addition to achieving such positive outcomes as opportunities for better jobs and increased educational attainment for individual youth, DOL also expects to achieve community-wide impacts in increasing youth employment rates and education attainment. Youth Opportunity Grants will serve youth aged 14 to 21. Under DOL's demonstration project that has served as a foundational basis for these grants, more than 3,000 youth have received services in six geographic areas, with an additional five local areas recently receiving new grants. (DOL) Youth Offender Demonstration Projects--The Youth Offender Demonstration has resulted in 14 grants to provide employment, training, and support services to youth who are: 1) institutionalized, 2) at-risk of becoming involved in criminal activities, and 3) involved in gangs or have been involved in gangs. Grants have been awarded in three project areas: Correction Facilities; model community projects; community-wide coordination projects. (DOL)
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Key Departmental Programs/Research That Can Have an Impact on the Prevention of Youth Violence

7/1/99

S-17/18 cont..	Boys and Girls Clubs of America.--In a joint effort with the U.S. Department of Justice, ETA provides funding for the start-up and operation of Career Prep programs at 40 Boys and Girls Clubs through out the country. The clubs have established and are operating "Teen Supreme Centers."(DOL)(DOJ) Mentoring academics (4-17) HHS/SAMHSA/CSAP After school programs (4-17) HHS/SAMHSA/CSAP <u>Partnerships to Reduce Juvenile Gun Violence</u> Three communities participating in an OJJDP grant program are trying to increase the effectiveness of existing youth gun violence reduction strategies by enhancing and coordinating prevention, intervention, and suppression strategies and strengthening linkages between community residents, law enforcement, and the juvenile justice system. OJJDP also is sponsoring an evaluation of this effort. Focusing on both individual and community factors, the evaluation will document the process of community mobilization, planning and collaboration needed to develop a comprehensive, approach to reducing gun violence involving juveniles, 5-18, DOJ <u>National Center for Conflict Resolution Education (OJJDP and Education)</u> The center works to integrate conflict resolution education (CRE) programming into all levels of education in schools, juvenile facilities, and youth-serving organizations. Training and technical assistance is provided through onsite training and consultation for teams from schools, communities, and juvenile facilities; by providing resource materials; and by partnering with state-level agencies to establish state training institutes and otherwise build local capacity to implement successful CRE programs for youth.6-18, DOJ <u>Juvenile Mentoring Program</u> OJJDP's Juvenile Mentoring Program (JUMP) provides funding for local programs matching at-risk youth and caring adult role models in a school-based or community setting. Mentors include law enforcement and fire department personnel, college students, senior citizens, Federal employees and other private citizens representing a wide variety of professional and occupational backgrounds. The young people are of all races and range in age from 5 to 20. Some are incarcerated or on probation, some are in school, and others are dropouts. Programs emphasize tutoring and academic assistance, while others stress vocational counseling and training. -
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Key Departmental Programs/Research That Can Have an Impact on the Prevention of Youth Violence

7/1/99

5-17/18 cont..	Some of the 93 JUMP programs funded by OJJDP incorporate conflict resolution and problem solving into their program. All work with schools. 10-18, DOJ <u>National Resource Center for Safe Schools</u> The Northwest Regional Educational Laboratory has been awarded a grant to operate the National Resource Center for Safe Schools. This center, funded by the Safe and Drug-Free Schools Program and the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, has been established to offer training and technical assistance that will enable schools and communities to create safe school environments. 5-18, DOJ <u>Gang Prevention Through Targeted Outreach (Boys & Girls Clubs)</u> This program enables local Boys & Girls Clubs to prevent youth from entering gangs, intervene with gang members in the early stages of gang involvement, and divert youth from gang activities into more constructive programs. This program reflects the pattern of cooperation between OJJDP and the Boys & Girls Clubs to reduce problems of juvenile delinquency and violence. The Boys & Girls Clubs of America provides training and technical assistance to local gang prevention and intervention sites, including some at Safe Futures and OJJDP Comprehensive Gang sites. The project includes funds for local clubs to implement the Targeted Outreach program. A national evaluation of this program is being implemented by Public/Private Ventures. 10-18, DOJ <u>Drug-Free Community Support Program</u>--This OJJDP-ONDCP program is designed to strengthen community-based coalition efforts to reduce youth substance abuse. The program enables community coalitions to enhance collaboration and coordination in an effort to target illegal drugs, alcohol, and tobacco. The coalitions also will encourage citizen participation in substance abuse reduction efforts and disseminate information about effective programs. An evaluation will accompany the demonstration effort. This evaluation consists of two components -- both a process and outcome evaluation of community-based collaborative substance abuse prevention projects that include initiatives that target illegal drugs, alcohol and/or tobacco use by juveniles and implement comprehensive long-term plans to reduce substance abuse. The process evaluation will look at the implementation of programs in over 90 sites, with a more in depth look at 12 sites to measure the impact and outcome of program activities. 10-18, DOJ
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Key Departmental Programs/Research That Can Have an Impact on the Prevention of Youth Violence

7/1/99

5-17/18 cont..	<u>Hamilton Fish National Institute on School and Community Violence</u> School violence, truancy, drugs and gangs are problems confronting many communities. OJJDP's Research Office is addressing these issues. In 1997, OJJDP funded the creation of the Hamilton Fish National Institute on School and Community Violence at George Washington University to test the effectiveness of violence prevention methods and to develop more effective strategies. A Consortium of seven universities, works directly with local school systems to implement and test school-wide interventions that promote safety by reducing fighting and bullying, truancy, drug use and enhancing positive student interaction. The Institute is identifying programs that can and should be replicated to reduce violence in America's schools and their immediate communities. 5-18, DOJ <u>Combating Underage Drinking</u> OJJDP promotes tougher law enforcement and greater public awareness of the problem of underage drinking, 12-18, DOJ <u>Drug Prevention Demonstration Program</u>--This OJJDP program reduces drug use by encouraging the promotion of multiple approaches to educating and motivating young adolescents to pursue healthy lifestyles, fostering interpersonal and decision-making skills that will help them choose alternatives to high risk behaviors, and providing them with the motivation and tools to build constructive lives, 10-18, DOJ <u>Communities In Schools</u> OJJDP continues support of a national school dropout prevention model developed and implemented by Communities In Schools, Inc. (CIS). CIS provides training and technical assistance to help CIS programs in states and local communities adapt and implement the Communities in Schools model. The model brings social, employment, mental health, drug prevention, entrepreneurship, and other resources to high-risk youth and their families in the school setting, 10-18, DOJ <u>Risk Reduction Via Promotion of Youth Development</u> The Risk Reduction Via Promotion of Youth Development program, also known as Early Alliance, is a large-scale prevention study involving hundreds of children and several elementary schools located in lower socioeconomic neighborhoods of Columbia, South Carolina. This program is funded through an interagency agreement with the National Institute of Mental Health, (NIMH), University of South Carolina, The Centers for Disease Control & Prevention, and the National Institute on Drug Abuse have also provided funding for the program. -
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Key Departmental Programs/Research That Can Have an Impact on the Prevention of Youth Violence

7/1/99

5-17/18 cont..	This large scale project is designed to promote coping-competence and reduce risk for conduct problems, aggression, substance use, delinquency and violence, and school failure beginning in early elementary school. 5-11, DOJ
16 and over	Independent Living Program for Foster Care Youth- Independent Living provides assistance to current or former foster care youths to help in the transition to independent living. This program provides grants to states for education and employment assistance, training in daily skills, and individual and group counseling to youth reaching adulthood. There are currently 84,000 youth served by the Independent Living Program. HHS/ACF The Transitional Living Program (TLP) for Homeless youth provides grants to public and private agencies to address the long-term needs of street youth, to promote their transition to self-sufficient living, and to prevent their long-term dependence on social services. These services can include residential care for up to 18 months, information and counseling in basic life skill, interpersonal skill building, educational advancement, job attainment, and physical and mental health care. This program provides the stability and needed services to help this population of vulnerable youth prepare for stable, productive adult lives. It provides hope and a process for planning for the future, rather than the hopelessness that often leads to violence. HHS/ACF Job Corps- Job Corps is the nation's largest residential employment training program for at-risk youth. There are 118 Job Corps centers located across the country, providing education, vocational training, occupational exploration, work-based learning, employability and social skills training, counseling, support services, and post-program placement services for Job Corps students. All Job Corps centers operate with a policy of zero tolerance for violence and drugs. A total of 18 Job Corps centers have on-site child care programs serving children on Job Corps students; eight of these are operated by Head Start. Ages 16-24, enrolls approximately 66,000 youth each year. (DOL) Targeted Capacity Expansion Program HHS/SAMHSA

Key Departmental Programs/Research That Can Have an Impact on the Prevention of Youth Violence

7/1/99

Spans all age groups	Safe Schools/Healthy Students Initiative Home Visits, Mental Health Services, Mentoring, Academics, Educ. Reform, After school programs, DOJ, ED HHS/SAMHSA/ Abuse and Neglect Prevention, Child Welfare, Foster Care & Adoption-The Children's Bureau in ACYF funds State programs that provide services focused on assisting at-risk children and their families in achieving the best and most appropriate outcomes for the children: preventives intervention services to strengthen the family unity; services to move children more rapidly from foster care to safe, permanent homes; and reunification services to facilitate the return home of the child if in the child's best interest. HHS/ACF Surveillance summaries on interpersonal violence, suicide and intimate partner violence. Routine collection and analysis of data to monitor mortality and risky behavior such as fighting and weapon carrying associated w/ youth violence. Use of the National Electronic Emergency Surveillance (NEISS), operated by the Consumer Product Safety Commission to develop routinely available estimates of the magnitude & characteristics of injuries treated in emergency departments, including injuries associated with youth violence. All ages HHS/CDC Risk Factor Research- to find out what puts youth at risk or protects them from violence All ages. HHS/CDC Suicide Prevention Research Center - to support research, training, intervention development, and evaluation of interventions to prevent suicide All ages HHS/CDC Best Practices for youth violence prevention - a source book, based on the experiences of both researchers and practitioners, that recommends implementation approaches for four violence prevention strategies; social-cognitive training for children and adolescent, parent training, nurse home visits to high-risk young parents, and mentoring programs for young people-all ages. HHS/CDC Child Mental Health Services Initiative To provide comprehensive MH services to children and adol. With serious emotional disturbances. HHS/SAMHSA/CMHS (SED)
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Key Departmental Programs/Research That Can Have an Impact on the Prevention of Youth Violence

7/1/99

All age groups cont..	Circles of Care -The development of culturally competent MH services for Native American children HHS/SAMHSA/CMHS Starting early/starting smart HHS/SAMHSA/CSAP Home visits, mental health services HHS/SAMHSA/CSAP Violence leadership support program HHS/SAMHSA/CSAP Family strengthening - A knowledge application effort to increase the capacity of localities to implement effective prevention interventions HHS/SAMHSA/CSAP Work place violence prevention. Developing and implementing violence and related substance abuse prevention programs in coordination with health care and business. HHS/SAMHSA/CSAP <u>Child Development - Community Policing (0-18)</u> The Child Development-Community Policing (CD-CP) Program (a collaborative effort between the Yale University Child Study Center, the New Haven, Connecticut Police Department, and the U.S. Department of Justice). CD-CP, initiated in 1991, is an innovative partnership between police and mental health professionals in New Haven, Connecticut which aims to address the psychological burdens on children, families and the broader community of increasing levels of community violence -- including school violence. With support from the Office for Victims of Crime (OVC), CD-CP developed and piloted a psycho-educational group approach to school children who have already experienced significant exposure to violence. This the program has introduced a new level of coordination with school personnel, parents, law enforcement, clinicians, and others concerned about the welfare of children in the community. -
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Key Departmental Programs/Research That Can Have an Impact on the Prevention of Youth Violence

7/1/99

	The New Haven Weed and Seed program asked CD-CP to conduct school-based groups in the target neighborhood. In addition to conducting the New Haven school-based groups, the School-based Crisis Response section of CD-CP has been developed and implemented in school districts throughout the state of Connecticut. The project helps schools develop an organizational protocol and preparation for school responses to a range of crises including violence, sudden loss of life, accidental injury, suicide, and the like. <u>Children's Advocacy Center Program</u> Since 1994, OJJDP has supported the nationwide development and improvement of local children's advocacy centers (CACs). Children's advocacy centers are child-focused, facility-based programs that use multi-disciplinary teams to coordinate the judicial and social service system's response to victims of child abuse. These multi-disciplinary teams work to make sure that children and their families are not further victimized by the systems designed to protect them. There are currently over 200 CAC member programs, several developing centers, and 16 state chapters. The RCACs and the National Children's Alliance are collaborating to expand services, provide mutual support, and create greater awareness of CACs. Their efforts include the development of state chapters, cross-site mentoring between new and established centers, and tribal CAC development. They have also established the National CAC Training Academy, whose mission is to improve the knowledge and skills of professionals in the field using current, research based training conducted in a team setting.
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Program Descriptions—Department of Education

Special Education: Grants for Infants and Families: This formula grant program assists States in implementing statewide systems of coordinated, comprehensive, multidisciplinary, interagency programs to make available early intervention services to all children with disabilities, aged birth through 2, and their families.

Even Start: Supports local projects that blend early childhood education, parenting instruction, and adult education into a unified family literacy program. Target population is families living in low-income areas that include a parent who needs adult basic education and a child aged 0-7.

Special Education: Preschool Grants: This program provides formula grants to States to make available special education and related services for children with disabilities in the 3-through-5-year-old range.

Safe and Drug-Free Schools State Grants: This formula grant program is designed to help make our Nation's schools safe and drug free by supporting comprehensive, integrated approaches to drug and violence prevention.

Safe and Drug-Free Schools National Programs: This program provides discretionary funds to carry out a national leadership program for prevention of the illegal use of drugs and violence among, and promote safety and discipline for, students at all educational levels. Activities include the "Safe Schools/Healthy Students" program, which is being funded jointly by the Departments of Education, Justice, and Health and Human Services. This program will assist school districts and communities to develop and implement comprehensive, community-wide strategies for creating safe and drug-free schools and for promoting healthy childhood development, so that students can grow and thrive without resorting to violence or other destructive behaviors. Total funding for this program in fiscal year 1999 was \$180 million, including \$60 million from Safe and Drug-Free Schools National Programs. The fiscal year 2000 budget request for national programs also includes funding to establish, expand and improve model alternative programs for the education of children who have been removed from school under the Gun-Free Schools Act.

Special Education: Primary Education Intervention: This program would support competitive grants to school districts to develop, demonstrate, and evaluate research-based model interventions for children with developmental delays ages 3 through 9.

21st Century Community Learning Centers: This program supports grants to rural and inner-city public elementary or secondary schools, or consortia of such schools, to enable them to plan, implement, or expand projects that benefit the educational, health, social service, cultural, and recreational needs of a rural or inner-city community. The program addresses the youth violence/safety issue by providing children and youth with safe, adult-supervised places to go after school, where they can participate in educational and recreational activities.

Safe and Drug-Free Schools Coordinator Initiative: This program provides assistance to school districts to recruit, hire, and train drug prevention and school safety program coordinators in middle schools that have significant drug and school safety problems.

Safe and Drug-Free Schools: Project SERV (School Emergency Response to Violence): Under this

program, proposed for initiation in FY 2000, the Department of Education, in collaboration with Justice, HHS, and FEMA, would provide emergency assistance to schools affected by serious violence or other traumatic incidents. The funds would support counseling of students, school staff, and other community members; provision of additional school security personnel; and other services that help schools and communities prepare for or respond to crises.

Vocational Education National Programs: This program provides discretionary funds for research, demonstration, dissemination, evaluation, and assessment activities aimed at identifying best practices in vocational education. In fiscal year 2000, the Department would use \$4 million of program funds to disseminate information about reform approaches that have been adopted by schools that the Department has designated as "New American High Schools." These schools promote comprehensive high school reform strategies that strengthen the teaching and learning process and improve student achievement.

Teacher Quality Enhancement Grants: These grants improve the way our Nation recruits, prepares, licenses, and supports teachers. The State and Partnership components of this program support the design and implementation of effective teacher education programs and the reform of teacher licensing and certification systems. Through priorities, Federal support could encourage efforts to incorporate better instruction on behavioral management and teaching reading into teacher preparation programs.

Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP): This program supports early college preparation and awareness activities at the local and State levels to ensure that low-income elementary and secondary school students are prepared for and pursue postsecondary education.

Fund for the Improvement of Education (Character Education Program): Character Education Partnership Grants provide funds to selected States to work in partnership with identified school districts to implement programs promoting the elements of character identified in the program statute: caring; civic virtue and citizenship; justice and fairness; respect; responsibility; and trustworthiness.

Inventory of Current HHS/CDC Youth Violence Prevention Programs

Surveillance

School-Associated Violent Death Study - an investigation of homicides and suicides associated with schools between 1994 and 1998, to identify common features of these events and to quantify the level of risk for school associated violent deaths -- ages 5-18

Youth Risk Behavior Survey - a biennial survey of health risk behaviors among high school youth that allows us to identify risks, keep up with emerging trends, and measure our success in changing risky behaviors - - ages 14 -18

Surveillance summaries on interpersonal violence, suicide, and intimate partner violence that provide information on trends and baseline information for measuring progress in violence prevention. Routine collection and analysis of data to monitor mortality and risk behavior such as fighting and weapon-carrying associated with youth violence.

National Electronic Emergency Surveillance System (NEISS) - using the NEISS, operated by the Consumer Product Safety Commission to develop routinely available estimates of the magnitude and characteristics of injuries treated in emergency departments, including injuries associated with youth violence.- - all ages

Research - CDC is involved in research on risk and protective factors related to youth violence, suicide, and firearm injury and also supports extramural research on violence.

Suicide Prevention Research Center (SPRC) - CDC is supporting the University of Nevada Las Vegas to (1) carry out suicide prevention research and training, intervention development, and evaluation; (2) integrate collectively, in the context of a national program, the disciplines of epidemiology, medicine, biostatistics, public health, and behavioral and social sciences in order to prevent injuries from suicidal behavior more effectively; (3) identify and evaluate current and new interventions for the prevention and control of suicide-related injuries; (4) bring the knowledge and expertise of SPRC to bear on the development and improvement of effective public and private sector programs for suicide prevention and control; and to (5) facilitate suicide prevention efforts supported by various governmental and non-governmental agencies within a geographic region - - all ages

Risk Factor Research

One of the first steps toward preventing violence is to identify and understand the factors that place young people at risk for violent victimization and perpetration. Previous research conducted by CDC and supported at universities around the country shows that there are a number of individual and social factors that increase the probability of violence during adolescence and young adulthood. Some of these factors clustered in four areas include:

INDIVIDUAL	FAMILY	PEER/SCHOOL	NEIGHBORHOOD
history of early aggression	poor monitoring or supervision of children	associate with peers engaged in high-risk or problem behavior	poverty and diminished economic opportunity
beliefs supportive of violence	exposure to violence	low commitment to school	high levels of transiency and family disruption
social cognitive deficits	parental drug/alcohol abuse	academic failure	exposure to violence
	poor emotional attachment to parents or care givers		

Youth Risk Behavior Survey - see description under Surveillance.

Case Control study of Near-Lethal Suicide attempts -- study of risk factors for serious suicidal behavior -
- ages 15-34

Formative research on weapon carrying - study of the factors that initiate and promote weapon carrying among adolescents - - ages 11-18

National Longitudinal Study of Adolescent Health - study of risk and protective factors linking health behavior, health status, school performance and environment, family economic status, and family behavior, initial survey subjects aged 12-17 will follow until group reaches 18-23 years

National Mortality Follow back Survey - study of behavioral risk factors for fatal injury from a sample of U.S. deaths - - ages 15-85+ years (all ages)

Evaluation Research

Understanding the factors that place young people at risk for violence is an important first step in preventing violence. The next important step is to design interventions or programs to address these risk factors and evaluate their effectiveness. CDC has funded a number of projects to get a better sense of "what works" to prevent violence and aggression among our nation's youth.

In 1992 and 1993, CDC funded 15 evaluation projects located in 12 cities across the United States. The primary goal of these projects was to determine the effectiveness of various school and community strategies in preventing and reducing aggressive and violent behavior. The majority of the projects emphasized primary prevention and were cooperative efforts between schools, health departments and community partners - - ages 5 - 18

Five of the original 15 projects were extended in 1996 to assess whether initial positive intervention effects persist over time. These projects are located in Tucson, AZ, Richmond, VA, Portland, OR, Chicago, IL, and Johnston County, NC. These projects are designed to promote social and cognitive competence, foster resiliency, and reduce aggressive behavior and violence through school-based

programs, peer mediation, family support and adult mentoring -- ages 5 - 15

In 1996, CDC funded four early intervention evaluation projects. These projects, taking place in Jacksonville, FL, Columbia, SC, Kansas City, MO, and the Bay Area of San Francisco, CA, are evaluating interventions designed to create prosocial environments for young children and their families and care givers. Two projects are underway in day care settings, one in a jail setting, and one has activities taking place at school and at home -- ages 3 - 10

In 1998, CDC funded projects located in three cities (Birmingham, AL, Oakland, CA, and Boston, MA) targeting high school aged youth at increased risk for violence. Two projects are targeting youths enrolled in alternative or continuation high schools. The third project is hospital-based and targets youths who have been victims of violence-related assaults. It is designed to reduce rates of re-injury and utilizes a model that connects youths to community-based programming -- ages 13 - 21

Suicide Intervention Evaluation - a project to evaluate specific interventions that may influence one or more of the factors that lead to suicidal behavior -- ages 14 - 18

Replication of Project PATHE youth violence prevention program - collaboration with Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Center for the Study and Prevention of Violence [CSPV] (Univ. Of Colo. at Boulder) to support replication and evaluation of a promising prevention program, ages 12-18

Multiple site violence prevention evaluation study (to be funded later this fiscal year - '99) - to help determine the effectiveness of a school-based, social cognitive intervention that includes a complementary community-based activities in preventing violence -- ages 12-18.

Implementation through communications and programs Best Practices for youth violence prevention - a source book, based on the experiences of both researchers and practitioners, that recommends implementation approaches for four violence prevention strategies: social-cognitive training for children and adolescents, parent training, nurse home visits to high-risk young parents, and mentoring programs for young people -- 0-18.

Prenatal and Infancy Home Visitation by Nurses - CDC is supporting the replication of David Olds' proven-effective strategy for nurse home visits among high risk families in Oklahoma by funding the refinement of an existing management information system to monitor program performance and determine the impact of the program on maternal and child functioning. This refined management information system will help us improve program performance over time as the program expands to other communities -- 0-3 years of age

Support for Center for the Study and Prevention of Violence (Univ. Of Colo. at Boulder) - collaboration with OJJDP to support information dissemination on effective youth violence prevention programs and resources for technical assistance- - all ages

Programs Along the Developmental Spectrum for Preventing Youth Violence Submission from CDC

0 - 3 Pre-natal, Infancy and Early Childhood Development

Prenatal and Infancy Home Visitation by Nurses - CDC is supporting the replication of David Olds' proven-effective strategy for nurse home visits among high risk families in Oklahoma by funding the refinement of an existing management information system to monitor program performance and determine the impact of the program on maternal and child functioning. This refined management information system will help improve program performance over time as the program expands to other communities -- 0-3 years of age

3 - 10 Pre- and Elementary School Aged

In 1996, CDC funded four early intervention evaluation projects. These projects, taking place in Jacksonville, FL, Columbia, SC, Kansas City, MO, and the Bay Area of San Francisco, CA, are evaluating interventions designed to create prosocial environments for young children and their families and care givers. Two projects are underway in day care settings, one in a jail setting, and one has activities taking place at school and at home -- ages 3 - 10

5 - 18 School Aged

School-Associated Violent Death Study - an investigation of homicides and suicides associated with schools between 1994 and 1998, to identify common features of these events and to quantify the level of risk for school associated violent deaths -- ages 5-18

Youth Risk Behavior Survey - a biennial survey of health risk behaviors among high school youth that allows us to identify risks, keep up with emerging trends, and measure our success in changing risky behaviors -- ages 14 -18

Formative research on weapon carrying - study of the factors that initiate and promote weapon carrying among adolescents -- ages 11-18

In 1992 and 1993, CDC funded 15 evaluation projects located in 12 cities across the United States. The primary goal of these projects was to determine the effectiveness of various school and community strategies in preventing and reducing aggressive and violent behavior. The majority of the projects emphasized primary prevention and were cooperative efforts between schools, health departments and community partners -- ages 5 - 18

Five of the original 15 projects were extended in 1996 to assess whether initial positive intervention effects persist over time. These projects are located in Tucson, AZ, Richmond, VA, Portland, OR, Chicago, IL, and Johnston County, NC. These projects are designed to promote social and cognitive competence, foster resiliency, and reduce aggressive behavior and violence through school-based programs, peer mediation, family support and adult mentoring -- ages 5 - 15

Replication of Project PATHE youth violence prevention program - collaboration with Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Center for the Study and Prevention of Violence [CSPV] (Univ. Of Colo. at Boulder) to support replication and evaluation of a promising prevention program, ages 12-18

Multiple site violence prevention evaluation study (to be funded later this fiscal year - '99) - to help determine the effectiveness of a school-based, social cognitive intervention that includes complementary community-based activities in preventing violence -- ages 12-18.

Suicide Intervention Evaluation - a project to evaluate specific interventions that may influence one or

more of the factors that lead to suicidal behavior -- ages 14 - 18

12 - 34 Middle and High School and Young Adult

National Longitudinal Study of Adolescent Health - study of risk and protective factors linking health behavior, health status, school performance and environment, family economic status, and family behavior, initial survey subjects aged 12-17 will follow until group reaches 18-23 years

In 1998, CDC funded projects located in three cities (Birmingham, AL, Oakland, CA, and Boston, MA) targeting high school aged youth at increased risk for violence. Two projects are targeting youths enrolled in alternative or continuation high schools. The third project is hospital-based and targets youths who have been victims of violence-related assaults. It is designed to reduce rates of re-injury and utilizes a model that connects youths to community-based programming -- ages 13 - 21

Case Control study of Near-Lethal Suicide attempts -- a study of risk factors for serious suicidal behavior -- ages 15-34

Broad Age Range or All Ages

Surveillance summaries on interpersonal violence, suicide, and intimate partner violence that provide information on trends and baseline information for measuring progress in violence prevention -- all ages

National Mortality Follow back Survey - study of behavioral risk factors for fatal injury from a sample of U.S. deaths -- ages 15-85+ years (all ages)

CDC is involved in research on risk and protective factors related to youth violence, suicide, and firearm injury and also supports extramural research on violence -- all ages

Suicide Prevention Research Center (SPRC) - CDC is supporting the University of Nevada Las Vegas to (1) carry out suicide prevention research and training, intervention development, and evaluation; (2) integrate collectively, in the context of a national program, the disciplines of epidemiology, medicine, biostatistics, public health, and behavioral and social sciences in order to prevent injuries from suicidal behavior more effectively; (3) identify and evaluate current and new interventions for the prevention and control of suicide-related injuries; (4) bring the knowledge and expertise of SPRC to bear on the development and improvement of effective public and private sector programs for suicide prevention and control; and to (5) facilitate suicide prevention efforts supported by various governmental and non-governmental agencies within a geographic region -- all ages

Best Practices for youth violence prevention - a source book, based on the experiences of both researchers and practitioners, that recommends implementation approaches for four violence prevention strategies: social-cognitive training for children and adolescents, parent training, nurse home visits to high-risk young parents, and mentoring programs for young people -- 0-18.

Support for Center for the Study and Prevention of Violence (Univ. Of Colo. at Boulder) - collaboration with OJJDP to support information dissemination on effective youth violence prevention programs and resources for technical assistance- -- all ages

HHS/NIMH Research Strategy to Prevent Youth Violence

Much is already known that can contribute to the prevention of youth violence in the U.S.; much

remains to be discovered. Based on what we do know, youth violence is best conceptualized as a complex public health problem. Prevention requires a long-term commitment to comprehensive, cost effective, and sustainable interventions directed at known risk factors, and to evaluation of their success in diverse community settings. We know that prevention programs must target multiple risk factors (e.g., poor supervision, associations with deviant peers, lower verbal IQ, family conflict, depression, social isolation, school failure, and substance abuse) that predispose to delinquency and violence. We also know that risk factors change over the course of development. Thus, interventions must be developmentally sensitive.

0-5 years: Many risk factors are established early in a child's life, including child abuse and neglect. However, less dramatic problems that delay cognitive and social and emotional development may also lead to later serious conduct problems that are resistant to change. Well thought out programs such as some types of nurse home visitation, programs that teach parents how to enhance their children's social skills, vocabulary, and academic performance, and programs that provide enriched and pro-social environments for development, have been shown to make a difference, but we still know far too little.

Actions:

- Support research to understand and prevent abuse and neglect
- Encourage research on how to best instruct parents and child-care workers in appropriate preventive interventions
- Support research that develops and evaluates preventive interventions for early disruptive behavior in diverse preschool and community settings.
- Ensure that the goals of all intervention development include a focus on both effectiveness and sustainability.

5-12 years: Attention Deficit Hyperactivity Disorder (ADHD) and depression, which often emerge in this age range are significant risk factors for antisocial behavior and violence. An NIH Consensus Conference on ADHD held last fall, highlighted the over-representation of children with ADHD in the criminal justice system and called for research to better understand and treat ADHD. Depression coupled with social isolation and impulsive behavior is associated with violent behavior. There is little data on treating depression and other internalizing problems in children under 12, and little data on long-term treatment of ADHD.

After-school programs run by trained staff that teach cognitive and social problem-solving skills to 6–8th grade children who are from turbulent families and suffer some depressive symptoms may protect these children and youth against depression and behavior problems. Preliminary work indicates that 2 years later, children in the program are less depressed than youth not in the program.

More comprehensive, but expensive, research based programs have been developed to prevent youth conduct disorders with some success.

Actions:

- Support the development and evaluation of programs aimed at prevention, early recognition, and intervention for depression, youth suicide and violence in diverse school and community settings to determine their effectiveness and sustainability.
- Support the development and evaluation of behavioral interventions for home and classroom to manage ADHD and conduct problems.

- Identify through research the most cost-effective features of proven prevention programs for resource poor communities.
- Multi-site clinical trials to establish safe and effective acute and long-term treatment of depression and ADHD are also in critical need in this age range.

12-18 years: The combination of depression with conduct problems is an explosive mix at this age. In addition, early adolescence is an important time to stop the progression of violent behavior and delinquency once initiated. Multisystemic therapy (MST), in which specially trained individuals work with the youth and family in their home, school and community, have been found to reduce chronic violent or delinquent behavior. Research has shown sustained improvements for at least 4 years, and MST is cost effective when compared to usual community treatment programs partly because it reduces hospitalization and incarceration.

Therapeutic Foster Care is an effective home based intervention for chronically offending delinquents (e.g., in one study an average of 14 arrests of which 4 are felonies). Foster parents are trained to work in their homes with delinquents for 6 to 7 months. Key elements of the program include providing supervision, structure, consistency, discipline, and reward for good behavior. This intervention results in fewer runaways and program failures than other placements and is less expensive.

Actions:

- In collaboration with CDC and SAMSHA, implement effective model interventions for juvenile offenders with conduct disorders in diverse populations and settings.
- NIMH has initiated the nation's first large-scale multisite clinical trial for treatment of adolescent depression. However, research is needed to improve recognition of adolescent depression.
- Develop new behavioral and other psychosocial therapies specifically youth with depression or ADHD.

All Ages: There are 4 cross-cutting areas in need of research action:

Community Interventions, Media, Health Provider Training, and Dissemination

Actions:

- Examine the feasibility of public health programs combining individual, family and community level interventions to address violence and identify best practices.
- Develop curricula for health care providers and educators to identify pediatric depression and other risk factors for violent behavior.
- Study the impact of media, computer games, internet etc. on violent behavior; How do media messages and content influence thoughts and behaviors? Which youth, under what circumstances, are most likely to be negatively affected by media?
- Disseminate information to families, schools, and communities to recognize childhood depression, suicide risk, substance abuse, and ADHD and decrease stigma associated with seeking help.
- In collaboration with CDC, create a system to provide technical assistance to schools and communities to provide public health information and best practices to schools and communities to handle high risk youth.

HHS/ACF Programs

HHS/ACF/ACYF/Head Start Bureau

Early Head Start

- Age Group: 0-3

- Program Description: Established in 1994, Early Head Start (EHS) builds off the long-standing Head Start program for pre-school children, expanding the benefits of early childhood development to low income families with children under three and pregnant women. Services include some combination of the following: quality early education in and out of the home; home visits; parent education and parent-child activities; comprehensive health services; nutrition; and case management and peer support groups for parents. EHS is designed to enhance children's physical, social, emotional and cognitive development, enable parents to be better caregivers and help parents to meet their own goals, including that of economic independence.
- Role in Preventing Youth Violence: Current research on brain development from birth to age three shows the importance of the child's earliest experiences. The connections in the brain that are formed during this time provide the foundation for intellectual development and the capacity to form social bonds and empathize with others, both of which are important in promoting healthy, non-violent development.

Head Start

- Age Group: 3-5

- Program Description: Head Start is a national program which provides comprehensive developmental services for America's low-income, pre-school children (at least 10% are children with disabilities) and social services for their families. Approximately 1,400 community-based organizations and school systems develop unique and innovative programs to meet the needs of specific communities. Head Start services seek to strengthen four key areas: child education, child health, parent education and involvement, and family social services. Since the inception of Head Start in 1965, the program has served 15.3 million children and families. The Head Start Program also operates programs that meet the special needs of American Indians and migrant and seasonal farmworkers.
- Role in Preventing Youth Violence: The quality of early childhood settings is integrally linked to the healthy development of a child, helping to engage young children in appropriate developmental activities, prepare them for success in school, foster the capacity for positive social relationships, and engage parents in the lives of their children. Longitudinal research on children in the Perry Preschool Program in Michigan shows that high quality preschool programming along the lines of Head Start can increase the proportion of young people who, at age 19, are literate, employed and enrolled in post-secondary education, while reducing the proportion who drop out of school, are labeled learning disabled, are arrested or on social support.

HHS/ACF/ACYF/Child Care Bureau

Child Care

- Age Group: 0-13
[Note: youth under court supervision and older youth who are mentally and/or physically challenged may be served up to the age of 19.]
- Program Description: The Child Care Bureau provides funds to States, Tribes and Territories through the Child Care and Development Block Grant (CCDBG) to assist low-income families and those transitioning off public assistance in obtaining child care that is safe, healthy and affordable to enable parents to work or attend training/education programs. Subsidized child care is available through certificates or contracts with providers, providing parents with choice among all child care providers meeting basic health and safety requirements set by States and Tribes. Approximately 1.25 million children are regularly served through the child care subsidy program. Currently at least four percent of funding must be used for quality improvements or to offer additional services to parents.
- Role in Preventing Youth Violence: The quality of early childhood settings is integrally linked to the healthy development of a child, helping to engage young children in appropriate developmental activities, prepare them for success in school, foster the capacity for positive social relationships, and parents in the lives of their children.

HHS/ACF/ACYF/Children's Bureau

Abuse and Neglect Prevention, Child Welfare, Foster Care & Adoption

- Age Group: 0-18
- Program Description: The Children's Bureau in ACYF funds State programs that provide services focused on assisting at-risk children and their families in achieving the best and most appropriate outcomes for the children: preventive intervention services to strengthen the family unit; services to move children more rapidly from foster care to safe, permanent homes; and reunification services to facilitate the return home of the child if in the child's best interest.

The Child Abuse and Neglect program funds states and grantees through several different programs authorized by the Child Abuse and Neglect Prevention and Treatment Act (CAPTA). The programs seek to assist states in meeting their responsibilities for the prevention and intervention in cases of child abuse and neglect by providing funds and technical assistance and adding to the broader knowledge of the field through research and data collection. This program also funds prevention by providing basic grants to states and Family Resource and Support Grants to state-wide networks of community-based family resource programs. The Child Welfare Services program and Family Preservation and Support programs provide grants to states and Indian tribes towards the goal of strengthening families, preventing child abuse and neglect, and keeping families together. These services may include preventive intervention to avoid the removal of a child or reunification services after a child has been removed from the home.

For those children who cannot remain safely in their homes, Foster Care provides a stable environment that assures a children's safety and well-being while their parents attempt to resolve the problems that led to the out of home placement. Under Foster Care, funds are available for monthly payments to foster care providers on behalf of foster children. While some children are reunified with their families following a foster care placement, others cannot return home and need to be placed in an alternative

permanent home. Adoption Assistance funds are available for a one-time payment for the costs of adopting a child as well as for monthly subsidies to adoptive families for care of the child. Both Foster Care and Adoption Assistance payments vary from state to state. Approximately 500,000 children and youth are in foster care and more than 31,000 are adopted each year.

- **Role in Preventing Youth Violence:** Research has shown that over two-thirds (68%) of youths arrested have a prior history of abuse and neglect. Childhood abuse increases the odds of future delinquency and adult criminality by 40 percent. Moreover, abuse and neglect can cause significant neurological damage and frequently leads to learning and emotional problems. Therefore, protecting children from violence and neglect as they grow up — by providing abuse and neglect prevention programs and by removing children from unsafe settings and moving them quickly into safe, permanent placements — is critical to minimizing the likelihood of anti-social behavior.

Living Program Independent for Foster Care Youth

- **Age Group:** Over 16
- **Program Description:** Independent Living provides assistance to current or former foster care youths to help in the transition to independent living. This program provides grants to states for education and employment assistance, training in daily skills, and individual and group counseling to youth reaching adulthood. There are currently 84,000 youth served by the Independent Living Program.
- **Role in Preventing Youth Violence:** This program provides the stability and needed services to help this population of vulnerable youth prepare for stable, productive adult lives. It provides hope and a process for planning for the future, rather than the hopelessness that often leads to violence.

HHS/ACF/ACYF/Family and Youth Services Bureau

Runaway and Homeless Youth Services: Basic Centers and Street Outreach

- **Age Group:** 11-18
- **Program Description:** The Family and Youth Services Bureau (FYSB) funds local agencies to reach out to runaway, homeless and street youth. These programs provide needed services to these vulnerable young people through street outreach, the National Runaway Switchboard Hotline, crisis intervention, temporary shelter, counseling, family reunification and aftercare services. These programs help youth work through the issues that may have driven them from their homes and strengthen family relationships; in more than half of the cases, youth are successfully reunited with their families. ACF's youth programs also promote positive youth development activities to help prevent high-risk behavior for youth. Included in this youth development work is the Bureau's work on the Girl Neighborhood Power initiative, which is disseminating information and funding pilot communities to test models for supporting girls 9-14 in selecting positive, healthy activities that will build their self-esteem. More than 80,000 youth are served per year by FYSB (including the Transitional Living Program below).

- **Role in Preventing Youth Violence:** The Runaway and Homeless Youth programs reach out to some of the most vulnerable youth in our society — those who feel that they have no where to go and no one to whom they can turn. Alienation and the harsh realities of the streets can be devastating, so it is critical that these young people know that there is a safe place to go and people who care about them. Moreover, the youth experts in these programs have created many collaborative relationships to encourage the use of positive youth development models that can help youth build self-esteem and develop key relationships.

Transitional Living Program for Runaway and Homeless Youth

- **Age Group:** 16-21
- **Program Description:** The Transitional Living Program (TLP) for Homeless Youth provides grants to public and private agencies to address the long-term needs of street youth, to promote their transition to self-sufficient living, and to prevent their long-term dependence on social services. These services can include residential care for up to 18 months, information and counseling in basic life skills, interpersonal skill building, educational advancement, job attainment, and physical and mental health care.
- **Role in Preventing Youth Violence:** This program provides the stability and needed services to help this population of vulnerable youth prepare for stable, productive adult lives. It provides hope and a process for planning for the future, rather than the hopelessness that often leads to violence.

HHS/ACF/OCS

National Youth Sports Program

- **Age Group:** 10-16
- **Program Description:** An annual grant is made to a national, non-profit organization to operate the National Youth Sports Program, which provides a comprehensive developmental and instructional sports program for approximately 70,000 low-income youth ages 10 – 16 during the summer months. The current grantee is the National Collegiate Athletic Association (NCAA), which contracts with some 185 colleges and universities in 44 States to provide sports instruction and enrichment activities, including information about career and educational opportunities, study habits, drug and alcohol abuse and nutrition. Each participant also receives a complete medical examination.
- **Role in Preventing Youth Violence:** The program provides disadvantaged youth with an opportunity to learn self-respect and discipline through a program of sports instruction and competition. It also encourages youth to adopt healthy living habits and to further their education, thereby avoiding high-risk behaviors.

HHS/SAMHSA

COMPENDIUM OF VIOLENCE-RELATED ACTIVITIES IN SAMHSA

Background

The connection between violence, substance abuse, and mental health is well supported by research. Each year, approximately 1,471,200 youths come into contact with the juvenile justice system. An estimated 150,000 (10.2 %) meet the diagnostic criteria for at least one mental disorder, 225,000 (15.3 %) suffer from a diagnosable alcohol abuse or dependence disorder, and 95,000 (6.5 %) may suffer from a diagnosable substance abuse or dependence disorder (Cocozza, 1992). We also know that children who grow up witnessing violence or who are victims of violence, experience depression, post-traumatic stress disorders, and antisocial personality disorders which in turn may impair academic performance and social relations, high risk factors themselves for involvement in violence and substance use (McAlister-Groves, 1995).

SAMHSA Violence-Related Activities

VIOLENCE-RELATED RESEARCH AND DATA EXCHANGE

SAMHSA's Center for Substance Abuse Prevention sponsors *The Violence Leadership Support Program* which promotes and disseminates research on effective violence prevention strategies; trains community teams on the prevention of gang violence and violence against women; fosters State-level collaboration around youth violence and substance abuse prevention through the "Partners in Prevention" program; and has developed a national network of local multi-disciplinary teams (*Violence Data Exchange Teams—VDETs*) of law enforcement, education, public health, substance abuse, and social services professionals to collect and disseminate data on local patterns of substance abuse and violence. With the development of these interdisciplinary teams (*VDETs*), SAMHSA's CSAP has initiated building a relevant data infrastructure to collect data on substance abuse related violence.

SCHOOL VIOLENCE

SAMHSA is participating in the *Safe Schools/Healthy Students*, a collaborative effort of the U.S. Departments of Health and Human Services, Education, and Justice, that will provide grants totaling \$180 million to approximately 50 local education authorities who can show evidence of a partnership with local mental health and law enforcement. These 50 school districts will receive \$1 million to \$3 million per year for the implementation of school-based violence prevention programs that encompass six core, mandatory activities: school safety; drug, alcohol, and violence early intervention programs; school and community mental health preventative and treatment intervention services; early childhood psychosocial and emotional development programs, education reform; and safe school policies. SAMHSA's Center for Mental Health Services (CMHS) developed and sponsored the childhood development and mental health treatment components of this effort, as well as the comprehensive planning requirements.

SAMHSA/CMHS's *School Action Grant Program* will provide \$5.7 million to approximately 30 sites to address the needs of preschool and school-age children and adolescents and their families who are already involved in, or at risk of being involved in, violence as perpetrators, victims, or witnesses. Research is clear that the most effective programs provide preventive and treatment services not just for children, but for their parents, teachers, and other caregivers as well.

Along with other agencies in DHHS, the Department of Education, and the Department of Justice, SAMHSA is supporting the establishment of *The National Youth Violence Prevention Coordinating Center*, which will

provide technical assistance to the grantees in the *Safe Schools/Healthy Students Initiative* and SAMHSA/CMHS's *School Action Grant Program*. Approximately \$2.8 million per year will be available to support one award.

SAMHSA/CMHS will also be mounting *The National Youth Violence and Resilience Public Awareness Campaign*¹ consumer groups, foundations, businesses, industry-wide associations, unions, local police and juvenile justice system, schools, and universities.

SAMHSA/CMHS is also sponsoring *The Innovative Technologies Project*, an initiative is to develop interactive learning software on CD-ROM for elementary school students, teachers, and parents of children in elementary school for use in the school and in homes. It is designed to help children, teachers, and families develop positive attitudes, adequate knowledge and effective skills in preventing violence. Expected outcomes for children, teachers and parents are as follows: (1) increased awareness of precursors and mental health aspects of violence; (2) increased knowledge of options for reducing and responding to violence and associated mental health aspects; and (3) increased skills in the selection and use of options to respond to physical violence and associated mental health aspects.

SAMHSA/CSAP is CSAP is also planning to partner with the Department of Education for the proposed *Substance Abuse and Violence Prevention Initiative*, which will test a range of after-school programs that utilize scientifically-demonstrated models, are available for all students, and include general prevention activities, selected prevention components for at-risk youth, and more specialized prevention activities for youth with diagnosed precursors to drug use and violence. The objectives of this program are: 1) Reducing the amount of unsupervised time youth have today between school dismissal and when parents come home from work; 2) Increasing the possibilities for positive skills development, competency development, and exposure to adult mentoring and supervision; and 3) Enhancing the integration of school and community.

FAMILY VIOLENCE

All three of SAMHSA's Centers (the Center for Mental Health Services (CMHS), the Center for Substance Abuse Prevention (CSAP), and the Center for Substance Abuse Treatment (CSAT) are sponsoring the *Women and Violence Program*, in which 14 study sites in 10 States have been funded by the three centers to research the impact of integrated services for women and their children. Subjects for this study are women who have substance abuse and/or mental health treatment histories and who also have a history of experiencing violence (e.g., childhood, domestic, etc.) The ultimate purpose of these grants is to develop effective, integrated systems for the treatment and care of women with co-occurring substance abuse and mental health disorders who are also victims of violence.

SAMHSA/CSAP is sponsoring *The Family Strengthening Knowledge Application Study* to learn how to better disseminate research-based models so that practitioners will adopt effective parenting and family strengthening programs for their diverse communities, a key means of preventing family violence and substance abuse.

SAMHSA's *Starting Early, Starting Smart* initiative integrates substance abuse prevention, treatment, violence prevention, and mental health services for children up to 7 years old, and their families.

SAMHSA's CMHS is sponsoring several initiatives on *Improving the Mental Health System's Response to Domestic Violence*, one which will help mental health providers and domestic violence advocacy providers develop collaborative and integrated systems of care to better serve victims and their children, and another

which will address training needs of professionals regarding violence against women. CMHS is also working on a project to coordinate the information on what is known about women with histories of physical and sexual abuse and self-injurious behaviors (in some studies, the percentage of women psychiatric inpatients with physical and sexual assault histories is as high as 72%).

In 1997, SAMHSA's CSAT published a *Treatment Improvement Protocol (TIP) #25* entitled, *Substance Abuse Treatment and Domestic Violence*, available at

HHS/SAMHSA/CSAP

VIOLENCE-RELATED RESEARCH AND DATA EXCHANGE

- SAMHSA's Center for Substance Abuse Prevention sponsors *The Violence Leadership Support Program* which promotes and disseminates research on effective violence prevention strategies; trains community teams on the prevention of gang violence and violence against women; fosters State-level collaboration around youth violence and substance abuse prevention through the "Partners in Prevention" program; and has developed a national network of local multi-disciplinary teams (*Violence Data Exchange Teams—VDETs*) of law enforcement, education, public health, substance abuse, and social services professionals to collect and disseminate data on local patterns of substance abuse and violence. With the development of these interdisciplinary teams (*VDETs*), SAMHSA's CSAP has initiated building a relevant data infrastructure to collect data on substance abuse related violence. Targets all ages

SCHOOL VIOLENCE

SAMHSA/CSAP is also planning to partner with the Department of Education for the proposed *Substance Abuse and Violence Prevention Initiative*, which will test a range of after-school programs that utilize scientifically-demonstrated models, are available for all students, and include general prevention activities, selected prevention components for at-risk youth, and more specialized prevention activities for youth with diagnosed precursors to drug use and violence. The objectives of this program are: 1) Reducing the amount of unsupervised time youth have today between school dismissal and when parents come home from work; 2) Increasing the possibilities for positive skills development, competency development, and exposure to adult mentoring and supervision; and 3) Enhancing the integration of school and community. Targets school-aged youth ages 6-18.

FAMILY VIOLENCE

SAMHSA/CSAP is sponsoring *The Family Strengthening Knowledge Application Study* to learn how to better disseminate research-based models so that practitioners will adopt effective parenting and family strengthening programs for their diverse communities, a key means of preventing family violence and substance abuse. Targets families with children ages 1-6, but works with other children in the families as well.

SAMHSA's *Starting Early, Starting Smart* initiative integrates substance abuse prevention, treatment, violence prevention, and mental health services for children up to 7 years old, and their families.

OTHER

SAMHSA's CSAP is also working with various workplaces on *Workplace Violence Prevention*, in which CEO's, human resources, private security, supervisors and employees, and unions, in conjunction with their managed care programs, have developed successful prevention programs including those focusing on family abuse and domestic violence and related drug and alcohol abuse. Targets adults with families w/ or w/o dependent children.

Youth Program Overview—U.S. Department of Labor

The Department of Labor (DOL) has funded a variety of youth programs, aimed at improving the future working lives and employment prospects of both in-school and out-of-school youth, for the past forty years. Efforts have attempted to address such broad issues as creating employment opportunities for youth, connecting the local workforce development system to the local education system, and enhancing the occupational skill levels of youth through appropriate work experience tied to classroom and other learning activities. Currently, through its Employment and Training Administration (ETA), the Department funds:

- Formula-funded youth programs, in the form of grants to local areas via their States, that provide a number work experience activities for youth both during the summer months as well as year-round;
- Job Corps, the nation's leading residential program for at-risk youth;
- Youth Opportunity Grants, direct grants to local areas designed to infuse large resources into high-poverty areas in order to increase the job opportunities and work readiness of youth in those areas;
- School-to-Work Grants, grants to States and local areas designed to connect the workforce development and education reform efforts at the State and local levels;
- Youth Offender Grants, local grants designed to provide services to youth who gang members or former gang members, or who are currently institutionalized; and
- Boys and Girls Clubs' Career Prep programs, grants to local centers providing area youth with job readiness and career guidance through areas Boys and Girls Clubs.

The following outlines the intent of these programs and their efforts at serving youth.

Formula-funded Youth Programs

The enactment of the Workforce Investment Act (WIA) of 1998 redefines the nature of youth programming efforts within the nation's workforce training system by focusing on a systematic approach that offers youth a broad array of coordinated services. Replacing the Job Training Partnership Act (JTPA) of 1982, the WIA focuses on providing youth assistance in both academic and occupational learning; developing leadership skills among youth; and preparing them for further education, additional training, and eventual employment. The legislation creates both the local workforce investment board and the local youth council, a subgroup of the local board responsible for recommending and coordinating the youth policies and programs within a specific geographic area. It is the legislation's intent that the local youth council broaden participation in the design and delivery of youth services at the local level.

Under JTPA, two separate funding streams have provided formula funds to States, who in turn provide funds to their locals, in the areas of summer employment and year-round activities for youth. It is anticipated that 500,000 youth will participate in summer activities in Program Year 1999, with an additional 180,000 served under JTPA's year-round program. Reflecting a more complete set of

services provided to individual youth served under the WIA, an anticipated 575,000 14- to 21-year old youth will receive services in Program Year 2000.

Job Corps

Job Corps is the nation's largest residential employment training program for at-risk youth. There are 118 Job Corps centers located across the country, providing education, vocational training, occupational exploration, work-based learning, employability and social skills training, counseling, support services, and post-program placement services for Job Corps students. All Job Corps centers operate with of policy of zero tolerance for violence and drugs. A total of 18 Job Corps centers have on-site child care programs serving the children of Job Corps students; eight of these are operated by Head Start.

Job Corps serves youth between the ages of 16 and 24, and Job Corps enrolls approximately 66,000 youth each year.

School-to-Work

A joint effort of the Departments of Labor and Education, the School-to-Work initiative began with the enactment of the School-to-Work Opportunities Act of 1994. Multi-million dollar grants have been provided to all 50 States, along with the District of Columbia and Puerto Rico, to support local areas in their efforts to help students successfully transition from school into the workplace. The legislation focuses on the key principle of providing school-based learning, work-based learning, and connecting activities to youth in broad career areas so that youth are better prepared for both postsecondary education and future careers. School-to-Work efforts have expanded linkages at both the State and local levels among workforce development agencies, two-year and four-year institutions, elementary and secondary education, vocational education, vocational rehabilitation, community-based organizations, and a host of other organizations as schools work to more effectively partner with employers and community leaders so that youth are fully informed of the job expectations of tomorrow's workplace.

An estimated 1.2 million youth currently participate in an integrated curriculum under the School-to-Work initiative, with an additional 470,000 youth participating in both an integrated curriculum and a work-based learning component. School-to-Work activities are provided to youth of all ages, with career awareness activities provided to elementary and middle school students, and more advanced career exploration activities provided to high school and postsecondary students, as well as out-of-school youth.

Youth Opportunity Grants

The Youth Opportunity Grants, authorized under the WIA, significantly increase resources available for serving youth growing up in high poverty urban and rural areas. DOL envisions that these grants will be used as a complement to formula-funded WIA programs, Job Corps, School-to-Work, Department of Education programs, and other programs funded at the Federal, State, and local levels to help youth successfully make the transition to adulthood. In addition to achieving such positive outcomes as opportunities for better jobs and increased educational attainment for individual youth, DOL also expects to achieve community-wide impacts in increasing youth employment rates and education attainment.

The Youth Opportunity Grants also offer a chance to build improved systems for addressing the needs of youth in high poverty areas. Planning and implementing these grants will require local areas to think geographically in targeting resources; to coordinate more closely with the public school system, juvenile justice system, the private sector, community-based organizations, and existing programs providing services to youth; to retain dedicated staff over several years; to develop high-quality programs based on best practices; and to provide follow-up services to youth for a longer period than previously required by employment and training programs. Consistent with the formula-funded program under the WIA, Youth Opportunity Grants will serve youth aged 14 to 21.

Youth Offender Demonstration Projects

The Youth Offender Demonstration has resulted in 14 grants to provide employment, training, and support services to youth who are: 1) institutionalized, 2) at-risk of becoming involved in criminal activities, and 3) involved in gangs or have been involved in gangs. Grants have been awarded in three project areas:

--Correction Facilities: Three juvenile corrections facilities will develop a School-to-Work model education programs within their institutions. The model will include academic learning, work-based learning at either a simulated work site or an actual work site, and connecting activities. The participants will be provided mentoring, tutoring, counseling, and other support services while incarcerated and participating in the project. Upon release, the participants will receive case management services in the community to which they were released for up to one year. Federal bonding will be provided when needed, and the Federal Tax Credit Program will be available to employers who hire participants.

--Model Community Projects: Five areas have been funded to establish community programs that addresses the needs of youth who are at-risk of becoming involved in the criminal justice system, already formally involved in the criminal justice system, involved in gangs or have been involved in gangs. The services to be provided include education, job training, job placement, individual and family counseling, and case management services.

--Community-Wide Coordination Projects : These six local projects in high-crime, high-poverty areas will work with local youth service providers to develop linkages that will make it possible for the providers to coordinate services. The coordinated effort will make it possible to provide youth with more comprehensive services over a longer period of time. The services will be aimed at crime prevention and recovery services for youth who are already involved in the criminal justices system or in gangs.

Boys and Girls Clubs of America

In a joint effort with the U.S. Department of Justice, ETA provides funding for the start-up and operation of Career Prep programs at 40 Boys and Girls Clubs through out the country. The clubs have established and are operating "Teen Supreme Centers." Also funded by the Taco Bell foundation, the centers provide job readiness training and career guidance to all youth who reside in the target communities. The program has developed a job readiness tool based on the 1992 report from the Labor Secretary's Commission on Achieving Necessary Skills (SCANS) which identified the skills and knowledge required for meaningful and productive work in today's labor market.

Key Findings

Several formal evaluations of youth programs in which applicants are randomly assigned to treatment and control groups have been funded by the Department of Labor over the past 20 years. For the most part, the findings from these studies have been disappointing--suggesting that it is very difficult to turn around the lives of youth. However, the high cost to individuals and to society in general of youth violence, crime, and low educational attainment, make it essential that we find improved ways of serving at-risk youth. The most promising results for youth have come from longer-term, more intensive interventions, and DOL has been moving towards such interventions because of these results:

-- The Center for Employment and Training (CET) was the most successful of 13 local sites in the JOBSTART demonstration, increasing the earnings of youth in the treatment group by over \$3,000 a year over the control group during the last two years of the four-year follow-up period.

-- The Quantum Opportunity Program (QOP) stays with youth throughout their four years in high school. A pilot study showed the program succeeding in cutting the dropout rate of high-risk youth in half while doubling the rate at which youth went on to college. DOL and the Ford Foundation are now testing the program with a much larger sample size.

-- The JOBSTART demonstration did not boost the earnings of youth in general, but did succeed in increasing the earnings of male youth with previous arrest records by almost \$1,600 during the last year of the four-year follow-up.

Department of Justice - -Top Priority Programs

Prenatal, 0-3, 3-5,

Safe Start Initiative

In Fiscal Year 1999 Congress appropriated \$10,000,000 for the Department of Justice to fund the Safe Start Initiative. The goal of the Initiative is to create a holistic approach to prevent and reduce the harmful effects of family and community violence on young children. The Initiative seeks to accomplish this goal by expanding existing partnerships between service providers (in key areas such as early childhood education/development, health, mental health, child welfare, family support, substance abuse prevention/intervention, domestic violence/crisis intervention, law enforcement, courts and legal services) to create a comprehensive community service delivery system that will meet the needs of children and their families at any point of entry into the system.

OJJDP will competitively select up to 12 applicants to receive cooperative agreements for up to five and a half years (based on availability of funds and site accomplishments). The first year of the program is intended to be a planning phase, during which sites will be required to assess community needs and develop a strategic plan for the remaining four and a half years. The strategic plan must provide a time line and strategy for expanding and institutionalizing the community's comprehensive response and prevention system. Selected applicants will receive up to \$670,000 per year; however, as the Initiative progresses sites are expected to secure outside funding and become self-sustaining. In addition, Safe Start sites are expected to coordinate and, where feasible, collaborate with other Federal, state, and local agencies; national and community foundations; and private sector programs.

As part of the Safe Start Initiative, DOJ will award \$1.3 million to the Yale Child Study Center to serve as a national center for information on children exposed to violence and on law enforcement partnerships. The center will provide technical assistance and training to Safe Start grantees and will devote special attention to the link between early victimization and later juvenile and adult criminality. I know that this new center will serve as an important resource for all communities who are in need of assistance and support in developing intervention programs focusing on children exposed to violence.

0-3, 3-5, 5-18

Child Development - Community Policing

The Child Development-Community Policing (CD-CP) Program (a collaborative effort between the Yale University Child Study Center, the New Haven, Connecticut Police Department, and the U.S. Department of Justice). CD-CP, initiated in 1991, is an innovative partnership between police and mental health professionals in New Haven, Connecticut which aims to address the psychological burdens on children, families and the broader community of increasing levels of community violence -- including school violence. With support from the Office for Victims of Crime (OVC), CD-CP developed and piloted a psycho-educational group approach to school children who have already experienced significant exposure to violence. The launching of this component of the program introduced a new level of coordination with school personnel, parents, law enforcement, clinicians, and others concerned about the welfare of children in the community. The New Haven Weed and Seed program asked CD-CP to conduct school-based groups in the target neighborhood.

In addition to conducting the New Haven school-based groups, the School-based Crisis Response section of CD-CP has been developed and implemented in school districts throughout the state of Connecticut. The project helps schools develop an organizational protocol and preparation for school responses to a range of crises including violence, sudden loss of life, accidental injury, suicide, and the like.

0-18

Children's Advocacy Center Program

Since 1994, OJJDP has supported the nationwide development and improvement of local children's advocacy centers (CACs). Children's advocacy centers are child-focused, facility-based programs that use multi-disciplinary teams to coordinate the judicial and social service system's response to victims of child abuse. These multi-disciplinary teams work to make sure that children and their families are not further victimized by the systems designed to protect them. There are currently over 200 CAC member programs, several developing centers, and 16 state chapters.

The RCACs and the National Children's Alliance are collaborating to expand services, provide mutual support, and create greater awareness of CACs. Their efforts include the development of state chapters, cross-site mentoring between new and established centers, and tribal CAC development. They have also established the National CAC Training Academy, whose mission is to improve the knowledge and skills of professionals in the field using current, research based training conducted in a team setting.

The CAC grantees have developed resource materials that address the organizational development and skills needed to improve outcomes for children. Publications include manuals on fund raising for CACs, a specific guide for fund raising for Native American CACs, guidelines for intake and forensic interviewing and a four-step methodology to help communities assess their plans for starting a multidisciplinary program. Other resources include videos which address forensic assessment by medical professionals and the interrelationship of family violence with child abuse and neglect. A video on designing and managing volunteer programs in CACs is currently in development.

With supplemental funding from the Office for Victims of Crime, training and technical assistance is currently being offered to all of the Safe Kids/Safe Streets grantees. In addition, the CAC grantees have continued to support a pilot project for a Native American CAC in Washington state, as well as a demonstration project establishing a regional network of Sexual Assault Forensic Examination Units using video camera technology.

5-18

Partnerships to Reduce Juvenile Gun Violence

The three communities participating in this OJJDP grant program (Baton Rouge, Louisiana; Syracuse, New York; and Oakland, California) are engaged in an effort to increase the effectiveness of existing youth gun violence reduction strategies by enhancing and coordinating prevention, intervention, and suppression strategies and strengthening linkages between community residents, law enforcement, and the juvenile justice system.

OJJDP also is sponsoring an evaluation of this effort. Focusing on both individual and community factors, the evaluation will document the process of community mobilization, planning and collaboration needed to develop a comprehensive, approach to reducing gun violence involving juveniles.

In FY 99, OJJDP and BJA will also begin developing a joint training and technical assistance program for jurisdictions interested in implementing the promising gun strategies described in the recently published OJJDP Report.

6-18

National Center for Conflict Resolution Education (OJJDP and Education)

The center works to integrate conflict resolution education (CRE) programming into all levels of education in schools, juvenile facilities, and youth-serving organizations. Training and technical assistance is provided through onsite training and consultation for teams from schools, communities, and juvenile facilities; by providing resource materials; and by partnering with state-level agencies to establish state training institutes and otherwise build local capacity to implement successful CRE programs for youth.

10-18

Juvenile Mentoring Program

OJJDP's Juvenile Mentoring Program (JUMP) provides funding for local programs matching at-risk youth and caring adult role models in a school-based or community setting. Mentors include law enforcement and fire department personnel, college students, senior citizens, Federal employees and other private citizens representing a wide variety of professional and occupational backgrounds. The young people are of all races and range in age from 5 to 20. Some are incarcerated or on probation, some are in school, and others are dropouts. Programs emphasize tutoring and academic assistance, while others stress vocational counseling and training. Some of the 93 JUMP programs funded by OJJDP incorporate conflict resolution and problem solving into their program. All work with schools.

To accomplish the goal of strengthening local mentoring projects OJJDP is also funding a National Mentoring Center which will: 1) develop and field-test a core curriculum consisting of ten modules for training mentoring project staff and volunteers in specified program areas; 2) design and conduct a multifaceted set of interrelated training events (national and regional conferences, cluster meetings, cross-site and onsite events) which are mutually reinforcing and move mentoring projects through continuous steps to improvement; 3) develop and disseminate technical assistance packages, bulletins and briefs, and other resource materials and facilitate sharing of information among sites using technology, print, and in person methods.

5-18

National Resource Center for Safe Schools

The Northwest Regional Educational Laboratory has been awarded a grant to operate the National Resource Center for Safe Schools. This center, funded by the Safe and Drug-Free Schools Program and the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, has been established to offer training and technical assistance that will enable schools and communities to create safe school environments.

10-18

Gang Prevention Through Targeted Outreach (Boys & Girls Clubs)

The purpose of this program is to enable local Boys & Girls Clubs to prevent youth from entering gangs, intervene with gang members in the early stages of gang involvement, and divert youth from gang activities into more constructive programs. This program reflects the ongoing pattern of cooperation between OJJDP and the Boys & Girls Clubs to reduce problems of juvenile delinquency

and violence. The Boys & Girls Clubs of America provides training and technical assistance to local gang prevention and intervention sites, including some at SafeFutures and OJJDP Comprehensive Gang sites. The project includes funds for local clubs to implement the Targeted Outreach program. A national evaluation of this program is being implemented by Public/Private Ventures.

10-18

Drug-Free Community Support Program

This OJJDP-ONDCP program is designed to strengthen community-based coalition efforts to reduce youth substance abuse. The program enables community coalitions to enhance collaboration and coordination in an effort to target illegal drugs, alcohol, and tobacco. The coalitions also will encourage citizen participation in substance abuse reduction efforts and disseminate information about effective programs.

An evaluation will accompany the demonstration effort. This evaluation consists of two components -- both a process and outcome evaluation of community-based collaborative substance abuse prevention projects that include initiatives that target illegal drugs, alcohol and/or tobacco use by juveniles and implement comprehensive long-term plans to reduce substance abuse. The process evaluation will look at the implementation of programs in over 90 sites, with a more in depth look at 12 sites to measure the impact and outcome of program activities.

5-18

Hamilton Fish National Institute on School and Community Violence

School violence, truancy, drugs and gangs are problems confronting many communities. OJJDP's Research Office is addressing these issues. In 1997, OJJDP funded the creation of the Hamilton Fish National Institute on School and Community Violence at George Washington University to test the effectiveness of violence prevention methods and to develop more effective strategies. A Consortium of seven universities, works directly with local school systems to implement and test school-wide interventions that promote safety by reducing fighting and bullying, truancy, drug use and enhancing positive student interaction. The Institute is identifying programs that can and should be replicated to reduce violence in America's schools and their immediate communities.

5-18

Safe Schools/Healthy Students Initiative

OJJDP is working with other offices within the U.S. Department of Justice, the U.S. Department of Education, and the U.S. Department of Health and Human Services to initiate a coordinated effort

focused on school and community safety. This project will streamline the application process for school districts and communities to develop and implement comprehensive community-wide strategies for creating safe environments for learning. OJJDP's Research Division will also collaborate with the Departments of Education and Health and Human Services to conduct a national evaluation of this program.

12-18

Combating Underage Drinking

OJJDP is providing ten states with up to \$400,000 each to promote tougher law enforcement and greater public awareness of the problem of underage drinking. The states include California, Connecticut, Louisiana, Maryland, Michigan, Minnesota, New Mexico, Ohio, Pennsylvania, and Wisconsin, along with Puerto Rico, Students Against Destructive Decisions (SADD) and a tribal

organization to target specific communities. In addition, under this Combating Underage Drinking program, OJJDP awarded \$360,000 to every state to develop a comprehensive state-level effort to reduce youth drinking and \$500,000 to Wake Forest University to evaluate the program. OJJDP also awarded \$1.1 million to the Pacific Institute of Research and Evaluation to provide training and technical assistance to the program grantees. In addition, OJJDP awarded \$145,000 to the Police Executive Research Forum to provide training and technical assistance to police departments and \$142,000 to Mothers Against Drunk Driving to develop training material for youth groups.

10-18

Drug Prevention Demonstration Program

This OJJDP program is designed to reduce drug use by encouraging the promotion of multiple approaches to educating and motivating young adolescents to pursue healthy lifestyles, fostering interpersonal and decision-making skills that will help them choose alternatives to high risk behaviors, and providing them with the motivation and tools to build constructive lives.

10-18

Communities In Schools

OJJDP is funding the Communities in Schools program, through discretionary grants, to continue a national school dropout prevention model developed and implemented by Communities In Schools, Inc. (CIS). CIS provides training and technical assistance to help CIS programs in states and local communities adapt and implement the Communities in Schools model. The model brings social, employment, mental health, drug prevention, entrepreneurship, and other resources to high-risk youth and their families in the school setting.

5-11

Risk Reduction Via Promotion of Youth Development

The Risk Reduction Via Promotion of Youth Development program, also known as Early Alliance, is a large-scale prevention study involving hundreds of children and several elementary schools located in lower socioeconomic neighborhoods of Columbia, South Carolina. This program is funded through an interagency agreement with the National Institute of Mental Health (NIMH). NIMH's grantee is the University of South Carolina. The Centers for Disease Control and Prevention and the National Institute on Drug Abuse have also provided funding for the program.

This large-scale project is designed to promote coping-competence and reduce risk for conduct problems, aggression, substance use, delinquency and violence, and school failure beginning in early elementary school. The project also seeks to alter home and school climates to reduce risk for adverse outcomes and to promote positive youth development. Interventions include a classroom program, a school wide conflict management program, peer social skills training, and home-based family programming.

SECOND Priority

0-18

Sharing Information Training and Technical Assistance

In FY '99 OJJDP is developing a training and technical assistance program on information sharing across disciplines. This program will provide guidance to school, court, law enforcement, and social service agencies on opportunities, barriers, and legislation regarding sharing information on juveniles.

5-18

School and Classroom Management Demonstration Project

OJJDP will support this North Carolina pilot initiative designed to improve classroom management and to assist in the creation of safe learning environments. Funds will be awarded to the Center for the Study of School Violence to manage the initial pilot in partnership with the University of North Carolina and the North Carolina State Board of Education. The State of North Carolina has made a commitment to support full implementation of the program. The purpose of the pilot program is to increase the ability of teachers and administrators to model and use sound conflict resolution practices by integrating skills training into preservice curriculums at North Carolina schools of education and by working with the North Carolina State Board of Education to change curriculum requirements to include conflict resolution skills training in the context of effective classroom management.

10-18

Hate Crime

Under an OJJDP grant competitively awarded in FY 1993, the Education Development Center (EDC) developed Healing the Hate, a multipurpose curriculum for hate crime prevention in middle schools and other classroom settings. OJJDP expanded this grant to allow EDC to provide training and technical assistance to youth, educators, juvenile justice and law enforcement professionals, and representatives of local public/private community agencies and organizations and the faith community. In FY 1999, EDC will expand its training and technical assistance to new sites and further disseminate the products through the education and juvenile justice networks. In addition, EDC will provide onsite, short-term technical assistance to practitioners interested in hate crime issues. EDC will also assist State juvenile justice agencies to formulate hate crime prevention components for their juvenile delinquency prevention plans.

5-18

Bullying Prevention Program (OJJDP Blueprint Program)

This program is a universal intervention for the reduction and prevention of bully/victim problems. The main arena for the program is the school, and school staff has the primary responsibility for the introduction and implementation of the program. School-wide components include the administration of an anonymous questionnaire to assess the nature and prevalence of bullying at each school, a school conference day to discuss bullying at school and plan interventions, formation of a Bullying Prevention Coordinating Committee to coordinate all aspects of school's program, and increased supervision of students at "hot spots" for bullying. Classroom components include the establishment and enforcement of class rules against bullying, and holding regular class meetings with students. Individual components include interventions with children identified as bullies and victims, and discussions with parents of involved students. Teachers may be assisted in these efforts by counselors and school-based mental health professionals. The Bullying Prevention Program has been shown to result in:

- a substantial reduction in boys' and girls' reports of bullying and victimization;

- a significant reduction in students' reports of general antisocial behavior such as vandalism, fighting, theft and truancy; and
- significant improvements in the "social climate" of the class, as reflected in students' reports of improved order and discipline, more positive social relationships, and a more positive attitude toward schoolwork and school.

In addition to the Blue Print training project, OJJDP also funded replication of the program and an evaluation.

5-18

Law-Related Education

OJJDP has provided funds to the National Law-Related Education (LRE), Youth for Justice program. This effort includes five coordinated LRE projects and programs operating in 48 states and four other jurisdictions. Youth for Justice provides materials, supports training and technical assistance to its national network of statewide LRE centers and establishes quality LRE programs for at-risk juveniles in those areas. Youth for Justice also sponsors youth summits in more than 40 states.

10-18

Life Skills Training (OJJDP Blueprint Program)

OJJDP is supporting the implementation of the Life Skills program through training and technical assistance and seed funds. The results of over a dozen studies consistently show that the Life Skills Training (LST) program dramatically reduces tobacco, alcohol, and marijuana use. LST is a three-year intervention designed to prevent or reduce gateway drug use (i.e., tobacco, alcohol, and marijuana), primarily implemented in school classrooms by school teachers. The program is delivered in 15 sessions in year one, 10 sessions in year two, and 5 sessions in year three. Sessions, which last an average of 45 minutes, can be delivered once a week or as an intensive mini-course. The program consists of three major components which teach students (1) general self-management skills, (2) social skills, and (3) information and skills specifically related to drug use. Skills are taught using training techniques such as instruction, demonstration, feedback, reinforcement, and practice.

Using outcomes averaged across more than a dozen studies conducted with LST, it has been found to cut tobacco, alcohol, and marijuana use 50% - 75%. Long-term follow-up results observed six years following the intervention show that LST:

- Cuts polydrug use up to 66%;
- Reduces pack-a-day smoking by 25%; and
- Decreases use of inhalants, narcotics, and hallucinogens.

10-18

Survey of School-Based Gang Prevention and Intervention Programs

Under a competitively awarded FY 1997 grant, this project is classifying and describing approaches used by schools to prevent or reduce gang involvement among students in a large sample of urban, suburban, and rural schools. In addition, a search and review of activities undertaken by States to identify and evaluate school-based gang prevention and intervention programs will be completed. Based on a review of programs identified in a national survey currently under way, a small number of promising programs will be examined more closely and described. Technical reports will describe the full range of gang prevention and intervention currently being implemented in the United States, and they will compare program types and quality of implementation across different school levels and locations. A report will highlight promising programs and practices and include guidelines on program development.

5-18

School Demonstration Project

The Office for Victims of Crime (OVC) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) are jointly providing discretionary funds to work with three organizations in New York and California, which are developing school programs that address victimization. Each organization will receive support to expand into a comprehensive program that can also serve as a demonstration site. Each site will include a curriculum that covers the impact of crime, training on peer support, crisis response and mediation techniques, individual and group counseling services, avenues for parental involvement, liaison with local advocacy programs to support youth in the court system and support services for victimized teachers.

5-18

SAFE POLICY and Crime Prevention Through Environmental Design Training

School Administrators for Effective Police, Prosecution, Probation Operations Leading to Improved Children and Youth service (SAFE POLICY). Some components offered in this program and Youth Focus Community Policing are as follows:

1. Effective use of school tiplines by schools and others and threat assessment
2. Information sharing between schools, police and other agencies serving troubled, problem and delinquent youth
3. Use of information by schools, police and other youth serving agencies to assist troubled, problem and delinquent youth and to enhance threat assessment and threat reduction.
4. Police, school, parent, social service partnerships to maximize collection and use of resources for the most troubled youth.
5. Media/police protocols to better manage live broadcast of hot situations.
6. Realtime surveillance of school property.
7. Early recognition of the signs of danger in the most troubled children and youth by schools, police, and other service agencies and a community case management process to deal with those cases.

5-18

Partnership in Prevention

This is a 3 year project which consists of a series of 6 live satellite training broadcasts which began in 1998. The broadcasts focus on providing professionals, both inside and outside the school environment, with a thorough understanding of comprehensive, effective, school-centered violence prevention approaches -- with a special emphasis on the role of parents in children's lives. Over 80 communities have been operating as core facilitating sites, each hosted by a facilitator. In addition to the core sites, the trainings are available free of charge to any individual or organization with the capacity to receive the transmission. It is a 3 agency-collaboration (Dept. Of Education, Dept. of Health and Human Services, and Department of Justice).

10-18

Translating Research on Safe and Violence Free Schools into Effective Practices

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) funded the Institute on Violence and Destructive Behavior, University of Oregon, to address the needs of at-risk and delinquent youths and their families within the context of schooling. The research seeks to identify ways of improving the ability of schools to accommodate delinquent youths, using established and replicable knowledge-based research. Participating schools (two elementary and one middle in each

site) will be selected to access and implement effective, research-based practices that meet criteria on trustworthiness, usability and accessibility in the area of school safety and violence prevention and control. This program seeks to create safe and violence free schools by utilizing the information gained from at-risk students during behavioral treatment sessions to help identify the problems of increasingly hostile school settings and the social ecology.

10-18

Teens, Crime and the Community: Teens in Action in the 90's

OJJDP provides discretionary funds for this program which is conducted by the National Crime Prevention Council (NCPC) in partnership with the National Institute for Citizen Education in the Law (NICEL). Teens in Action in the 90's is a special application of the Teens, Crime, and Community (TCC) Program that operates on the premise that teens, who are disproportionately the victims of crime, can contribute to improving their schools and communities through a broad array of activities. Teens learn how to prevent violence and to implement community service efforts. More than 5,000 teachers, social service providers, juvenile justice professionals, law enforcement officers, and other community leaders participated in intensive training to help sites implement the TCC curriculum in their communities. More than 1,000 individuals benefited from technical assistance, materials, and consultation regarding TCC in areas of program implementation, funding, and networking.

10-18

National Youth Court Center Training and Technical Assistance

The goal of this project is to assist communities in developing and operation effective youth court models that strengthen the ability of the juvenile justice system to hold youth accountable for their behavior, while enhancing public safety through youth participating in the juvenile justice system.

Prenatal - 18

Safe Futures

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) has awarded demonstration grants of approximately \$1.4 million a year for 5 years to each of six communities (four urban, one rural, and one tribal government) to assist with existing efforts to reduce youth violence and delinquency. Boston, MA; Seattle, WA; St. Louis, MO; Contra Costa County, CA; Imperial County, CA; and Fort Belknap, MT, were selected competitively on the basis of substantial progress toward community assessment and strategic planning to address delinquency. Of the nine program components supported by OJJDP, two specifically address issues of strengthening families and to develop safe and gang-free schools. An example of one of the family strengthening and support programs (Seattle SafeFutures Youth Center) is described below. There are unique combinations of program activities in the sites that address

The Seattle SafeFutures Youth Center is designed to help families and youth between the ages of 12 and 18 stay focused on their future by offering a variety of relevant, daily programs and activities. Its mission is to create a caring, extended family atmosphere, at a place which provides the highest quality services, and fully develop the potential of everyone who enters its doors. The SafeFutures Youth Center provides a coordinated system of services designed to provide each young person the opportunity to be successful. To achieve successful outcomes, the SafeFutures Youth Center provides opportunities to build:

- Positive Identity and Self awareness;
- Positive Relationships and Values to the Community;

- Positive Individual and Peer Group Relationships, Behaviors and Values;
- Positive Family Interaction and Communication Skills;
- Academic and Pro Social Skills;
- Job Readiness Skills and Employment; and
- Youth Leadership and Community Involvement.

The SafeFutures Youth Center accomplishes these objectives by offering the following services:

- Individual, Family, and Peer Counseling;
- Crisis Intervention;
- Home Visits;
- Parent Education Workshops;
- School Advocacy Services (including grade and attendance monitoring, liaison with teachers and administrators, etc.);
- Juvenile Justice Advocacy Services (including liaison with probation officers and juvenile courts, etc.)
- Referral to Other Services (including health, mental health, immigration, addiction, employment, and other services as needed);
- Homework Assistance, Academic Skills, and Test Preparation Services;
- Job Training and Employment Services; and
- Group Activities, Culturally Specific Projects, Recreation, Educational Field Trip
- Community and Leadership Projects.

The center is primarily geared toward working with Southeast Asian youth and their families. Most staff at the center are bilingual, and our programs and services are both culturally competent and linguistically appropriate. Urban Institute is conducting a national evaluation of the SafeFutures Program.

0-18

National Training and Technical Assistance Center

This project will continue to operate the National Juvenile Justice and Delinquency Prevention Training and Technical Assistance Center (the Center). The Center will continue to operate and upgrade a national training and technical assistance clearinghouse, inventory juvenile justice training/technical assistance program development, and will follow-through with such development in accordance with direction from OJJDP. In addition, the center will continue to pursue and promote collaboration with other OJJDP training/technical assistance providers, training/technical assistance materials development, and evaluation of OJJDP supported training and technical assistance efforts. In particular, the Center will prepare program materials and implement specialized training, including training of trainers, programs, and will arrange academic/professional accreditation/certification of OJJDP training and trainers. Further, the Center will provide a single, central source of information pertaining to the availability of OJJDP supported training/technical assistance programs, and will maintain an up-to-date catalog of such programs.

10-18

Comprehensive Gang Prevention, Intervention and Suppression Program

This initiative involves the implementation and testing of a comprehensive program model designed to

address the problem of street level gang violence through targeted intervention and suppression, while building on focused prevention efforts already in place in the community. The model being implemented is based on an OJJDP-funded multi-phase research and development effort completed in the early 1990s. The model is comprehensive and multidisciplinary and requires the participation of police, schools, probation, community-based agencies, grassroots organizations, prosecutors, judges and other court personnel, and others, to steer youth at risk for gang affiliation away from trouble and onto the right track.

Prenatal-18

Development of the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders

OJJDP has been providing support for development of its Comprehensive Strategy for several years. This project will complete ongoing strategic planning efforts in six States and expand to two additional States, Oregon and Wisconsin. In each State, up to six jurisdictions have been identified to receive Comprehensive Strategy planning training and technical assistance. OJJDP internal technical assistance capacity will be developed during this time to further assist States through training and technical assistance, including States planning on developing a Comprehensive Strategy planning framework. Implementation support will be developed and provided to the six States and one pilot site scheduled to complete Comprehensive Strategy plans in 1999. Further development and updates of the *Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders* will also occur in FY 1999.

Prenatal - 18

Incentive Grants for Local Delinquency Prevention Programs

The 1992 amendment to the JJDP Act established OJJDP's Title V. The Community Prevention Grants Program provides funds to States for sub-grants to communities to support the implementation of local prevention plans focused on at-risk children, teenagers, and their families. This OJJDP program is the only Federal funding source solely dedicated to delinquency prevention. It is based on a community-initiated planning process that results in implementation funding that is having an impact on communities across the country. By the end of 1997, 477 communities in 49 States, 5 Territories, and the District of Columbia had received Community Prevention Grants program subgrants and had served more than 100,000 youth. Some of the risk factors for delinquency addressed by Title V include: family history of high-risk behavior, family management problems, family conflict, inconsistent discipline, and a lack of parental involvement. Programs implemented by participating communities included a broad range of prevention activities, from early childhood development strategies such as nurse home visitation and preschool/parent training programs to various youth development activities such as mentoring, tutoring, truancy and dropout reduction, substance abuse prevention, and gang prevention outreach.



401-1132

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Case Files**FAX COVER SHEET**

TO:

Cen O'Leary

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FROM:

Cindy Balme

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Number of Pages (including this cover):

3

Comments:



August 23, 1999

TO: The Honorable Bruce Reed
Assistant to the President for Domestic Policy

FR: Carol H. Rasco
Senior Advisor to the Secretary
Director, America Reads Challenge

RE: Collaboration among Departments on Parenting

I understand from Ricki Seidman, through some work she and I have been doing jointly on early childhood issues, that the Attorney General has written you or the President suggesting that the DPC look into a collaborative effort across the federal government agencies on parenting for new parents. I thought I should write you about several early childhood efforts we have underway and/or are participating in through the America Reads Challenge where the first of our five strategies relates to early childhood/pre-K.

1. We have signed a contract to produce a picture book for parents who have low literacy skills themselves. This book will indicate simple, everyday tasks they can do with their own young children in order to maximize the critical first years for language development. Several groups within the Department of Education are working with us on this project along with the National Institute for Literacy. We plan to convene a meeting in the coming month or two with other federal departments to determine their interest in helping to print the document for distribution to their own constituencies. For example, the Neighborhood Networks through HUD, the Justice Department in their efforts with prisoner parenting training, etc. have indicated initial interest. We also have a potential outside supporter who will help us with this book and perhaps a video for use in GED classes, clinics, etc.
2. In early 2000, the National Research Council (NRC) will complete a report on Early Childhood Pedagogy. The America Reads office will again [as with the last NRC report on reading] convene a national summit which will bring together people involved in early childhood issues. The purpose of the summit will be to inform participants of the report's findings and challenge states, local communities and other organizations to implement these findings. We may also do an in-depth press seminar on this report with invited reporters, such as the Casey Journalism Fellows.

3. We have been working with Imagitas, the company that creates the "change of address" kits found in the post offices that help an individual/family that is moving do many things in a "one stop shop" kind of way. Imagitas has been in conversation with Social Security about having a kit on parenting sent to every family that applies for a social security card for their new baby(ies) which all parents must do before the first tax return is filed, or something like that. I have written Ken Apfel strongly endorsing this concept being explored.
4. America Reads is convening a meeting of invited home visitation programs in September to allow them to share information with one another and for us to learn how we might better support them. I know this is an area of interest for Mrs. Clinton in particular. We have also extended an invitation to Nicole to attend this meeting.

If you or anyone on your staff wish to learn more about any of these projects or have suggestions for us, we would welcome either or both!

Hope you and your family are having a good summer.....I assume Miss Julia goes to kindergarten this year or is my timing off? My best to all of you!



Office of the Attorney General
Washington, D.C. 20530

August 9, 1999

The President
The White House
Washington, D.C. 20500

Dear Mr. President:

America is only as healthy as its communities, and our communities are at a crossroads. As the year 2000 draws near, we face a new century with an opportunity to demonstrate significant reductions in crime and improve outcomes for children, families and communities. This moment in time provides a unique occasion for the Federal government in partnership with State and local jurisdictions to make a concerted commitment to the effective practices we know can result in safer streets, stronger communities, and healthy, law-abiding children and families.

Community
inclusion

Under your leadership, this Administration has developed and implemented several significant efforts, including Empowerment Zones and Enterprise Communities, the Livable Communities Agenda, and the New Markets Initiative. At the Justice Department, we have had considerable success with Weed & Seed and our Comprehensive Strategies program, to name but a few. We have established various partnerships with the Departments of Education, Health and Human Services, Labor, EPA and HUD, and worked in coordination with other agencies, as well.

There is more progress to be made. It cannot be done by Departments working alone. While partnerships to date between two and, more rarely, three agencies have improved our effectiveness, broader efforts will increase our success exponentially.

Broader efforts require not only your leadership and support, but the ongoing, active involvement of the White House. To best accomplish the objectives described below, the Domestic Policy Council should serve the coordinating function. Housing these proposed initiatives in the White House will both raise their profile and indicate to communities that they are receiving this Administration's highest level of commitment.

I would very much like to work with you in two specific areas that I believe are critical to the health of our communities and the well-being of all Americans. In the area of healthy building blocks for child development, I believe we have

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made great strides, and I am recommending several additional steps we might take to institutionalize our approach. A second, very compelling area that is less well developed pertains to the reentry into society of persons completing prison terms, a large number of whom are between the ages of 18 and 35. Our handling of this issue will have tremendous impact on public safety and the criminal justice system in the next century. I urge you to consider the following proposals:

Safe Schools/Healthy Children/Strong Communities

Since 1992, this Administration has learned an extraordinary amount about how the federal government can best assist communities, families, and children. Building on decades of prior experience in federal support for communities, we have finally learned critical lessons about how best to provide to communities the tools they need to support safe, healthy, and prosperous citizens. I believe there are six pillars, or building blocks of a safe and healthy community:

- 1) strengthening parents;
- 2) ensuring adequate health care;
- 3) improving education;
- 4) getting adults more involved in the lives of kids;
- 5) safeguarding children's environments; and
- 6) providing public safety.

During the last year we have taken a major step toward funding comprehensive community-building strategies by bringing together the resources of three agencies to combat youth violence. The FY99 Safe Schools/Healthy Students (SS/HS) program will provide 50 communities with \$380 million over three years to execute comprehensive safe school strategies. The strategies must include partnerships between the school district, local law enforcement, and the local mental health authorities. Collaboration is also required with community-based organizations, parents and others. For the purpose of this program, a comprehensive strategy must include the following six elements:

- 1) a secure school environment;
- 2) prevention and early intervention;
- 3) mental health assessment and services;
- 4) early childhood development;
- 5) education reform; and
- 6) safe school policies.

This first-ever effort to channel support from three Cabinet agencies into one funding stream has received a strong response: more than 470 applications were received, of which 340 passed the

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first two levels of review. The grants are scheduled to be awarded at the end of August, and I hope you will join the Departments in making the announcement.

Grant Expansion

We can build on the initial success of this effort. I propose that we expand this grant to encompass, even more comprehensively, elements that create safe and healthy growing environments for children. The next three areas for expansion that seem most logical are job preparation (Department of Labor), nutrition (USDA) and physical health (HHS). There are a number of ways to accomplish this, but I would recommend one of the following alternatives: 60

- (1) Create a second round of 50 grants that would engage all five agencies (with an added contribution from HHS on the physical health side). This would require an additional expenditure of \$400 - \$450 million over three years. By doing this, we would meet the obvious need and interest of a larger number of communities, but the expense is significant. Currently, the agency contributions for year one of SS/HS are: DOJ: \$95 million (\$15 million from OJJDP and \$80 million from COPS); DOE: \$60 million from the Safe and Drug Free Schools Program; and HHS: \$25 million from the Center for Mental Health Services. Additional agency contributions should be no less than \$15-20 million per year to make their participation worthwhile.
- (2) A less costly alternative would be to hold a limited competition among the successful FY99 applicants to broaden their grants for the second and third years in the areas described above. This would have the benefit of reaching communities that we have already determined to be most prepared to plan comprehensively and execute those plans, and deepening our impact in those communities. no

There may be other agencies, such as HUD or Transportation, that can contribute in relevant program areas. The Treasury Secretary has also expressed his interest in the project to me.

Federal Healthy Parenting Collaborative

Our interagency collaboration should not end with joint grantmaking. Our work in early childhood development has led us to understand the importance of, and the need to, equip parents, particularly parents of children who experience significant risk factors, with the knowledge and skills to raise their children in a safe and healthy environment. Secretary Riley has frequently said that the most important element in preventing youth from

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becoming violent is the presence of a warm, caring adult with whom the youth has a strong, individual connection. Most experts believe that the best connections are between children and their parents.

A number of Cabinet-level agencies make significant investments in programs targeted at parents. Some of these programs are directly focused on healthy parenting and some are aimed at the target population but have a different focus (e.g., Welfare-to-work, WIC, etc.). Several months ago, my staff met with staff from the Department of Education and the Department of Health and Human Services to get an overview of their primary programs in this area. They found many possible areas for knowledge sharing, cooperation and collaboration. However, there is little or no current coordination on this issue among the relevant agencies, although we do work together on related issues such as neglected and abused children and children exposed to violence.

I propose that you create a Federal Healthy Parenting Collaborative. Senior officials at the Departments of Justice, Education, HHS, HUD, Labor, Agriculture, Interior, Defense and others would participate in a working group with the goal of coordinating and enhancing our efforts within the government and with the private, foundation, and non-profit sectors. Information and knowledge sharing would enable the agencies to enhance and cross-fertilize our programs. A Department of Education parenting effort that is housed in their adult literacy program could provide us with materials for work that the Department of Justice does in prisons and vice versa. Several agencies have fatherhood initiatives that are not currently coordinated. Without a formal mechanism for sharing information government-wide, we will miss out on important opportunities.

After sharing information and knowledge among ourselves, the Collaborative would collectively engage in outreach with experts in academia, the private sector, state and local government, the foundation world and the non-profit sector, culminating in a "White House Conference on Healthy Parenting in the 21st Century" that you would host in early 2000. The Conference would be the occasion to set a national agenda with goals and commitments by all the relevant players. The Healthy Parenting Collaborative would be an effective vehicle for federal government cooperation with the non-profit organization you announced at the May 10 summit meeting following the Columbine tragedy and for various other initiatives such as the Ad Council/Kaiser Foundation "Talk to your Kids" campaign.

A Government-Wide Community Information Network

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Everywhere I travel, people ask for easier, more convenient access to information about grants and programs of the Federal government. The information available from each agency is balkanized, but the concerns and interests of the public are not isolated by agency. An important component of this Safe Schools/Healthy Students/Strong Communities Initiative should be to provide centralized, seamless information about available programs and ongoing activities.

Over the past 18 months, the Justice Department has developed a page on our web site called, "Building Blocks for Safe and Healthy Communities." This page contains information about all of our programs and grants, divided by topic. The five primary topics are employment, health, shelter, education and public safety. Each topic is further divided, depending on the developmental stage of life covered by the program: infancy to preschool, K-12, or post-high school. This enables every user to quickly identify what they are interested in by subject area and age level. *

I would like to see every Cabinet-level agency organize information about its programs in a similar format. One entity should then have the responsibility to package all of this information and make it available over the Internet. *

This might have been impossible to do before the Internet, but as more and more people have access to the Web, it becomes inexcusable not to harness the technology to put government at their fingertips. I know there are costs involved in this project, but I do not think they would be too significant if every agency absorbed their share. My staff has already had some promising discussions about this with other agencies and OMB.

Reentry

We have spent considerable time in this country focusing on increasing prison bed space, and little time making community corrections viable and effective. Various sentencing reforms have propelled prison populations from 320,000 inmates in 1980 to roughly 1.2 million in 1998. The costs of confinement in the same period rose from about \$5 billion to \$22 billion (1996). At the same time, we now have approximately 3.9 million men and women on probation and parole in this country. That is almost 4 times as many offenders out in the community as there are in prison.

Public debate has been focused on record prison growth, but the obvious consequence -- record prison releases -- has been almost entirely ignored. Some 500,000 inmates will leave prison this year. They will return mainly to urban areas and will

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return in disproportionate numbers to certain urban neighborhoods. For example, exploratory work conducted at the National Institute of Justice found that 80 percent of the inmates returning to Baltimore last year returned to 5 percent of the city's zip codes. We have not done a lot to get either the offenders or our communities ready for this. To protect our communities and continue the reduction in crime, we need to do more.

We must confront the potential danger that returning inmates present to communities. One quarter of the entire paroled population, some 173,000 parolees, returned to state prisons in 1997. Previous studies by the Bureau of Justice Statistics found that some 65 percent of all inmates will be returned to custody within 3 years of release. These returns are a significant drain on state resources: states now admit one revocation to prison with every two new commitments. Thus, while the primary concern is public safety, the primary solution is not likely to be increased parole revocation.

The volume of returning inmates introduces new social phenomena that must be considered:

- ▶ In areas of concentrated reentry, inmates pose not just individual safety concerns but community safety threats;
- ▶ Abolition of parole in many states and reductions in other state community release program resources exacerbate the social adjustment task for individuals and communities alike; and
- ▶ The basic demographics of prison populations - males aged 18 to 35 - offers American industry the single largest untapped labor pool in the domestic economy.

We need to reorient our approach to this segment of the community, the 18-35 year old, who has gotten on the wrong side of the criminal justice system, or who is at-risk of doing so. We cannot become a society that treats these individuals only as threats to be contained, and not as resources to be nurtured. Community corrections and supervision programs that include drug testing, drug treatment and other transitional services, such as job training and placement assistance, are critical to restoring hope to the individuals involved, and to minority communities decimated by the high percentage of men in prison, on probation or on parole.

Our strategies must simultaneously keep communities safe; minimize returns to prison; and maximize contributions to state and local economies. Policy makers must devise strategies that balance surveillance and sanctions against long term human

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resource investments. We must transform this danger into opportunity.

We have been considering two basic strategies: Reentry Courts and Reentry Partnerships. Reentry courts build from the drug court concept of judicial supervision in order to improve the offender's long-term behavior. Judges would assume oversight of parole and other conditional release functions in order to monitor performance and channel human resources. Reentry partnerships build from police/corrections partnerships. Institutional and community corrections agencies would team with local police and urban services to monitor offenders in the community but also target job, housing, family support, and counseling resources. The Department of Justice is continuing to develop both of these concepts.

While the Department of Justice has expertise in sanctions, it needs the support of other Federal agencies to help develop the human resources components of these programs. We have identified a number of agencies as potential partners in reentry programs:

- ▶ HUD (reentry and long-term housing);
- ▶ HHS (welfare assistance eligibility to provide transitional income), Administration on Children and Families (support for absentee fathers -- a third of all inmates have children), SAMSHA (CMHS for mental health and CSAT for drug treatment services);
- ▶ DOL (jobs and training programs);
- ▶ USDA Food and Nutrition Service (food stamp; WIC); and
- ▶ ED (adult literacy; training programs).

I propose that you issue a directive creating a new working group composed of these agencies. The purpose of this working group would be to develop an integrated team approach to dealing with these issues, create opportunities for communities to develop their own comprehensive strategies and remove any existing unnecessary barriers. I would be willing to chair this group, working closely with the DPC.

Over the next year, I hope that we can both use the bully pulpit to create a public discussion of these issues.

The magnitude of the reentry problem is a very recent discovery. No one yet has a firm grasp on what to do or how to do it. What has surprised officials so far is the diversity of audiences that resonate with the issue and the willingness of

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state and local agencies to participate in experiments even though no promises of financial aid have been made. Perhaps policy makers see returning offenders as an identifiable safety threat. Possibly officials see chances to integrate human resources in new and more effective ways. I believe we can have a significant impact on this issue during the next fifteen months.

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I realize these proposals are ambitious. But I believe we owe the American people nothing less. I hope you will seriously consider implementing some or all of these projects. If you choose to do so, I pledge to do everything within my power to make them a success.

I look forward to talking with you further about these ideas and any other relevant proposals that you might be entertaining. Thank you for your consideration and for your leadership in this important area.

Sincerely,

Janet Reno